

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2005 8:00 am
Secretary of State

03-21-2005 90089 024 ****61.25

DOCUMENT # N94000003523

1. Entity Name
ANDOVER LAKES, PHASE 3 HOMEOWNER'S
ASSOCIATION, INC.



Principal Place of Business
PENN FIRST MANAGEMENT INC.
498 PALM SPRINGS DR., @235
ALTAMONTE SPRINGS, FL 32701 US

Mailing Address
PENN FIRST MANAGEMENT INC.
498 PALM SPRINGS DR., @235
ALTAMONTE SPRINGS, FL 32701 US

20022763



2. Principal Place of Business
Boyle Management Services Inc

3. Mailing Address
Same

Suite, Apt. #, etc.
498 Palm Springs DR #235

Suite, Apt. #, etc.

01042005 Chg-NP CR2E037 (10/03)

City & State
Altamonte Springs FL

City & State

4. FEI Number
59-3285218

Applied For
Not Applicable

Zip
32701

Country
USA

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BOYLE, JAMES
498 PALM SPRINGS DR.
STE. 235
ALTAMONTE SPRINGS, FL 32701

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	JONES, CLAIRE	
STREET ADDRESS	3109 BELLINGHAM DR.	
CITY-ST-ZIP	ORLANDO, FL 32825	
TITLE	D	<input type="checkbox"/> Delete
NAME	STANLEY, CURTIS	
STREET ADDRESS	3202 HOLLAND DR.	
CITY-ST-ZIP	ORLANDO, FL 32825	
TITLE	V	<input checked="" type="checkbox"/> Delete
NAME	WILLIAMS, PATRICIA	
STREET ADDRESS	3253 BELLINGHAM DR	
CITY-ST-ZIP	ORLANDO, FL 32825	
TITLE	DP	<input type="checkbox"/> Delete
NAME	LIVINGSTON, FRED	
STREET ADDRESS	10025 IAN ST	
CITY-ST-ZIP	ORLANDO, FL 32825	
TITLE	S	<input type="checkbox"/> Delete
NAME	GRANGER, DAVID	
STREET ADDRESS	3050 BELLINGHAM DR.	
CITY-ST-ZIP	ORLANDO, FL 32825	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	MORRIS, HOWARD	
STREET ADDRESS	3114 HOLLAND DR.	
CITY-ST-ZIP	ORLANDO, FL 32825	

TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Karen Lewis	
STREET ADDRESS	10060 Ian St	
CITY-ST-ZIP	Orlando FL 32825	
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hagerm-Gl-Aasser	
STREET ADDRESS	3343 Bellingham Dr	
CITY-ST-ZIP	Orlando FL 32825	
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Barbara Anderson	
STREET ADDRESS	3031 Bellingham	
CITY-ST-ZIP	Orlando FL 32825	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-17-05

Date

Daytime Phone #