SIGNATURE:

2906 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Apr 07, 2006 8:00 am Secretary of State DOCUMENT # N95000005896 1. Entity Name 04-07-2006 90043 004 ****61.25 ANDOVER HOMEOWNERS' ASSOCIATION INC. Principal Place of Business Mailing Address C/O STERLING MANAGEMENT, INC. 2880 SCHEER OF #840 ST PETERSBURGEL 33716 C/O STERLING MANAGEMENT, INC. 2880 SCHEER OR #840 Mailing Address 2870 SC Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) 100 100 Applied For City & State 4. FEI Number 59-3366629 Not Applicable Country Zıp \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CIANFRONE, JOE Street Address (P.O. Box Number is Not Acceptable) 1968 BAYSHORE BLVD **DUNEDIN FL 34698** 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2006 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE COX, JONATHAN NAME NAME 10703 STALLGATE DR. STREET ADDRESS STREET ADDRESS TAMPA FL 33624 CITY-ST-ZIP CITY-ST-ZIP Ashok Mehta | 10708 stallgate Or. Tampa FL 33624 | Nancy Shrom DAL Delete TITLE TITLE ALTFATER, PEGGY NAME NAME 10916 LAKE ANDOVER BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33624** CITY-ST-ZIP TITLE Delete MARRA, RALPH NAME STREET ADDRESS 5509 SANDBECK COURT STREET ADDRESS **TAMPA FL 33624** CITY-ST-ZIP CITY-ST-7IP ☐ Addition TITLE ☐ Defete TITLE SCHULTZ, CHARLES NAME NAME STREET ADDRESS 5614 TUGHILL DRIVE STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33624** CITY-ST-ZIP TITLE Delete TITLE HENTA, ASHOLE NAME 10708 STALLGATE DRIVE STREET ADDRESS STREET ADDRESS TAMPA FL 33624 CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Defete Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. 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 expowered 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.

FILED