

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 28, 2007 8:00 am**  
**Secretary of State**

02-28-2007 90007 028 \*\*\*\*61.25

**DOCUMENT # N95000005896**

1. Entity Name

ANDOVER HOMEOWNERS' ASSOCIATION INC.



Principal Place of Business

Mailing Address

2870 SCHERER DR N  
100  
ST PETERSBURG FL 33716  
US

2870 SCHERER DR N  
100  
ST PETERSBURG FL 33716  
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/06)

4. FEI Number

59-3366629

Applied For

Not Applicable

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

CIANFRONE, JOE  
1968 BAYSHORE BLVD  
DUNEDIN FL 34698

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

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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 PD ☐ Delete  
NAME COX, JONATHAN  
STREET ADDRESS 10703 STALLGATE DR.  
CITY- ST- ZIP TAMPA FL 33624

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE D ☐ Delete  
NAME MEHTA, ASHOK  
STREET ADDRESS 10708 STALLGATE DR  
CITY- ST- ZIP TAMPA FL 33624

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE S ☐ Delete  
NAME SHROM, NANCY  
STREET ADDRESS 5402 TUGHILL DRIVE  
CITY- ST- ZIP TAMPA FL 33624

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE V ☐ Delete  
NAME SCHULTZ, CHARLES  
STREET ADDRESS 5614 TUGHILL DRIVE  
CITY- ST- ZIP TAMPA FL 33624

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE T ☐ Delete  
NAME MERTA, SUZANNA  
STREET ADDRESS 5524 ARABELLA LN  
CITY- ST- ZIP TAMPA FL 33624

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

12. 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 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

Feb-16-07

8:3 882 8292

Date

Daytime Phone