

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000005896

FILED
Apr 13, 2009
Secretary of State

Entity Name: ANDOVER HOMEOWNERS' ASSOCIATION INC.

Current Principal Place of Business:

1463 OAKFIELD DR.
SUITE 129
BRANDON, FL 33511 US

New Principal Place of Business:

Current Mailing Address:

P. O. BOX 2608
VALRICO, FL 33595

New Mailing Address:

FEI Number: 59-3366629

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COMMUNITIES OF AMERICA, INC.
1463 OAKFIELD DR.
SUITE 129
BRANDON, FL 33511 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: HUNSTIGER, JOHN
Address: 5524 ARABELLA LN.
City-St-Zip: TAMPA, FL 33624

Title: D () Delete
Name: OTTENWALDER, GLADYS
Address: 10708 STALLGATE DR.
City-St-Zip: TAMPA, FL 33624

Title: S () Delete
Name: SHROM, NANCY
Address: 5402 TUGHILL DRIVE
City-St-Zip: TAMPA, FL 33624

Title: V () Delete
Name: SCHULTZ, CHARLES
Address: 5614 TUGHILL DRIVE
City-St-Zip: TAMPA, FL 33624

Title: T () Delete
Name: PEREIRA, DALIA
Address: 5521 ARABELLA LN.
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HUNSTIGER, JOHN
Address: PO BOX 2608
City-St-Zip: VALRICO, FL 33595

Title: VP (X) Change () Addition
Name: SCHULTZ, CHUCK
Address: PO BOX 2608
City-St-Zip: VALRICO, FL 33595

Title: S (X) Change () Addition
Name: SHROM, NANCY
Address: PO BOX 2608
City-St-Zip: VALRICO, FL 33595

Title: T (X) Change () Addition
Name: MERTA, SUZANNE
Address: PO BOX 2608
City-St-Zip: VALRICO, FL 33595

Title: D (X) Change () Addition
Name: ORSELLI, NICK
Address: PO BOX 2608
City-St-Zip: VALRICO, FL 33595

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAE GORDON

ACCT

04/13/2009

Electronic Signature of Signing Officer or Director

Date