

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Jan 26, 2016
Secretary of State
CC3012161085

Entity Name: ANDOVER CAY HOMEOWNER'S ASSOCIATION, INC.

Current Principal Place of Business:

%ASSOCIATION MANAGEMENT GROUP OF CEN. FL
101 PARK PLACE BLVD., STE. 2
KISSIMMEE, FL 34741

Current Mailing Address:

%ASSOCIATION MANAGEMENT GROUP OF CEN. FL
101 PARK PLACE BLVD., STE. 2
KISSIMMEE, FL 34741

FEI Number: 59-3672212

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ASSOCIATION MANAGEMENT GROUP OF CENTRAL FL
ORIDA, INC.
101 PARK PLACE BLVD., STE. 2
KISSIMMEE, FL 34741 US

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

Officer/Director Detail :

Title PRESIDENT
Name FREEMAN, DAVID
Address 101 PARK PLACE BLVD., SUITE 2
City-State-Zip: KISSIMMEE FL 34741

Title VP
Name VALENTIN, JOEL J
Address 101 PARK PLACE BLVD., SUITE 2
City-State-Zip: KISSIMMEE FL 34741

Title T/S
Name ROMAN, GABRIEL
Address 101 PARK PLACE BLVD., SUITE 2
City-State-Zip: KISSIMMEE FL 34741

Title D
Name WARNER, BRIAN
Address 101 PARK PLACE BLVD., SUITE 2
City-State-Zip: KISSIMMEE FL 34741

Title DIRECTOR
Name POLING, SANDRA
Address 101 PARK PLACE BLVD.
 SUITE 2
City-State-Zip: KISSIMMEE FL 34741

I hereby 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 all other like empowered.

SIGNATURE: DAVID FREEMAN

PRESIDENT

01/26/2016

Electronic Signature of Signing Officer/Director Detail

Date