

FILE NOW: FILING FEE IS \$61.25

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| NONPROFIT CORPORATION ANNUAL REPORT 1996 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # 704674 (1)
 1. Corporation Name
ANDOVER CIVIC ASSOCIATION, INC.



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|---|---|
| Principal Place of Business 1195 NW 203RD ST P O BOX 69-3435 MIAMI FL 33169 US | Mailing Address 1195 NW 203RD ST P O BOX 69-3435 MIAMI FL 33169 US |
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|--|--|
| 3. Date Incorporated or Qualified 08/17/1962 | 3a. Date of Last Report 07/17/1995 |
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|--------------------------------------|---------------------------|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 | Country 25 |
| Zip 29 | Country 30 |

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|---|---|--|
| 4. FEI Number 65-0196187 | Applied For <input type="checkbox"/> | Not Applicable <input type="checkbox"/> |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees | |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

9. Name and Address of Current Registered Agent

**JORDAN, ANNIE LOIS
 1195 NW 203RD ST
 P O BOX 69-3435
 MIAMI FL 33169**

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City
 FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|---|
| TITLE D | DEMBINSKY, SANDI 1270 NW 2103RD ST MIAMI, FL 0 | 1.1 TITLE D | ARIBAS, MARLENE 20630 N. Miami, Ave. Miami, Florida 33169 |
| TITLE D | WATSON, BARBARA 1240 NW 207TH ST MIAMI, FL 00000 | 1.2 NAME 300001913653 | -08/06/96--01074--041 |
| TITLE TD | JORDAN, ANNIR LOIS 1195 NW 203RD ST MIAMI, FL 0 | 1.3 STREET ADDRESS ***61.25 | |
| TITLE VP | ROBERTS, ERNEST 1525 NW 203 ST MIAMI FL | 2.1 TITLE Spelling (Annie) | |
| TITLE P | GRATE, DONALD 1245 NW 203 ST. MIAMI FL | 2.2 NAME Title (President) | |
| TITLE D | TRAPANESE, BILL 1395 NW 203RD ST MIAMI, FL 0 | 2.3 STREET ADDRESS Title (Ex Officio) | |
| | | 2.4 CITY-ST-ZIP Title (Vice President) | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ernest Roberts Date: March 6, 1996 (305) 652-0359
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (12/95)