


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

APPROVED  
 AND  
 FILED

1997 AUG 29 PM 3:08

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Morthart  
 Secretary of State  
 DIVISION OF CORPORATIONS

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



Principal Place of Business Mailing Address

1195 NW 203RD ST P O BOX 69-3435 MIAMI FL 33169 US

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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/17/1962 3a. Date of Last Report 08/06/1996

4. FEI Number 65-0196187 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  No \$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No N/A

2. Principal Place of Business 2a. Mailing Address

21 22 Suite, Apt. #, etc. SAME 27 Suite, Apt. #, etc. SAME

23 24 City & State 28 City & State

25 29 Zip Country 30 Zip Country

g. 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 300002283023--3

82 Street Address (P.O. Box Number is not allowed) 00466707--01158--007

83 \*\*\*\*\*STATE \*\*\*\*\*61.25

84 City 300002283023--3

-09/02/97-01158-007P  
 \*\*\*\*\*FL\*\*\*\*\*61.25

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 *Annie Lois Jordan* Annie Lois Jordan, T/D DATE July 27, 1997

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	ARIBAS, MARLENE	
STREET ADDRESS	20630 N. MIAMI AVE.	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WATSON, BARBARA	
STREET ADDRESS	1240 NW 207TH ST	
CITY-ST-ZIP	MIAMI, FL 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	JORDAN, ANNIE LOIS	
STREET ADDRESS	1195 NW 203RD ST	
CITY-ST-ZIP	MIAMI, FL 0	
TITLE	P	<input type="checkbox"/> DELETE
NAME	ROBERTS, ERNEST	
STREET ADDRESS	1525 NW 203 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	EX/O	<input type="checkbox"/> DELETE
NAME	GRATE, DONALD	
STREET ADDRESS	1245 NW 203 ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	TRAPANESE, BILL	
STREET ADDRESS	1395 NW 203RD ST	
CITY-ST-ZIP	MIAMI, FL 0	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HUDSON, HORACE	
1.3 STREET ADDRESS	1131 N.W. 207th street	
1.4 CITY-ST-ZIP	MIAMI, Fla. 33169	
2.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	FRAZIER, SUZETTE	
2.3 STREET ADDRESS	420 N.W. 203rd Street	
2.4 CITY-ST-ZIP	MIAMI, FLORIDA 33169	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	BOYKIN, OZIE	
3.3 STREET ADDRESS	951 N.W. 207th Street	
3.4 CITY-ST-ZIP	MIAMI, FLORIDA 33169	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	CLARK, PENNY	
4.3 STREET ADDRESS	20507 N.W. 15th AVE.	
4.4 CITY-ST-ZIP	MIAMI, FLORIDA 33169	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	LESPERANCE, GEORGE	
5.3 STREET ADDRESS	40 N.E. 210th street	
5.4 CITY-ST-ZIP	Miami, Florida 33169	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	REDMAN, JEFF	
6.3 STREET ADDRESS	115 N.W. 208th street	
6.4 CITY-ST-ZIP	Miami, Florida 33169	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Annie Lois Jordan* ANNIE LOIS JORDAN, T/D

CR2E037 (4/97)