| AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).   |  |                              |                                   |                      |   |  |   |                  |  |
|--|--|------------------------------|-----------------------------------|----------------------|---|--|---|------------------|--|
| NONPROFIT FLORIDA DEPARTI  |  |                              |                                   |                      |   |  |   | 0012640          |  |
| CORPORATION Sandra B. ANNUAL REPORT Secretary  |  |                              |                                   |                      |   |  |   | J                |  |
| 1998 Secretary   |  |                              |                                   |                      | 4   |  | FILED   |                  |  |
| DOCUMENT # 704674 (1)  |  |                              |                                   |                      |   |  | 98 OCT 16 PM 4: 05  |                  |  |
| 1. Corporation Name  |  |                              |                                   |                      |   |  |   |                  |  |
| ANDOVER CIVIC ASSOCIATION, INC   |  |                              |                                   |                      |   |  | SECRETARY OF STATE  |                  |  |
| Principal Place of Business Mailing Address  |  |                              |                                   |                      |   |  |   | tre i i i i i i  |  |
| 1195 NW 203RD ST 1195 NW 203RD ST  |  |                              |                                   |                      |   |  | 3. Date incorporated or Qualified   |                  |  |
|  |  |                              | P O BOX 69-3435<br>MIAMI FL 33169 |                      |   |  | 08/17/1962  |                  |  |
| US   |  |                              |                                   |                      | 4. FEI Number Applied 65-0196187 Not App  |  |   |                  |  |
| Principal Place of Business     2:   |  |                              | 2a. Mailing Address               |                      |   |  | 5. Certificate of Status Desired ** \$8.75 Additi   |                  |  |
| 21 SA<br>Suite, Apt,   | ME AS ABOVE  |                              |                                   |                      |   |  | Fee Required  |                  |  |
| 22   | #, etc.  | 27                           | Suite, Apt. #, etc.               |                      |   |  | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees                  |                  |  |
| City & Stat  | te   | City &                       | City & State                      |                      |   |  | 7. Is this nonprofit corporation a homeowners association?  |                  |  |
| Zip  | Country  | 28 <br>  Zip                 |                                   | Coun                 | tn/ :   |  | Yes tryNo   |                  |  |
| 24   | 25   | 29                           | 3                                 | 100011               | ш.у <sub></sub>   |  | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. | N/A              |  |
|  | 9. Name and Address of Curr                                  | ent Registered               | Agent                             |                      |   |  | 10. Name and Address of New Registered Agent  |                  |  |
| 81 Name  |  |                              |                                   |                      |   |  | 20000 <u>26692425</u>   | · <b>4</b>       |  |
| JORDAN, ANNIE LOIS<br>1195 NW 203RD ST   |  |                              |                                   |                      | 82 Street Address (P.O. Box Number is Not Acceptable) — リリリコーリリー ****************************** |  |   |                  |  |
| P O BOX 69-3435  |  |                              |                                   | Ī                    | s 200002669242224   |  |   |                  |  |
| MIAMI FL 33169   |  |                              |                                   |                      |   |  |   |                  |  |
| MIAMI FL 33169  ***********************************  |  |                              |                                   |                      |   |  |   |                  |  |
| office or registered agent, or both, in the State of Florida, Such changing 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  |  |                              |                                   |                      |   |  |   |                  |  |
| 12.  | Signature, typed or printed name of registered a<br>OFFICERS | gent and title if applicable |                                   | Registere<br>13      | 1 Agent signatu   | re require                             | d when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS II                                 | <del>112</del> @ |  |
| TITLE  | V  |                              | DELETE                            | 1.1 TM               | E   | S                                      |   | CR2E037 (5/98)   |  |
| NAME   | HUDSON, HORACE   |                              |                                   |                      |   |  | AZIER, SUZETTE  | 37               |  |
| STREET ADDRESS CITY-ST-ZIP   | 1131 NW 207TH STREET<br>MIAMI FL 33169                       |                              | •                                 | i                    |   | O N.W. 203rd srtreet<br>AMI, FL. 33169 | <u> </u>  |                  |  |
| TITLE  | D DELETE   |                              | _                                 | 2.1 TITLE            |   |  | Addition 5  |                  |  |
| NAME   | WATSON, BARBARA  |                              | 2.2 NAA                           | 2.2 NAME D           |   | RIBAS, MARLENE                         |   |                  |  |
| STREET ADDRESS   |  |                              |                                   | 1                    | 2.3 STREET ADDRESS  |  | 0630 N MIAMI AVE  |                  |  |
| TITLE  | MIAMI FL DELETE  |                              |                                   | _                    | 2.4 CITY-ST-ZIP   |  | ĬĂMĬ, FL. 33169 ☐ Change ↓↓   | Addition         |  |
|  | JORDAN, ANNIE LOIS   |                              |                                   | T)                   |   | $\mid D_{\rm B} \mid$                  | ANKS, PHIL  | Addition         |  |
| STREET ADDRESS   | RESU 1195 NW 203RD ST  |                              |                                   | 3.3 STR              | 3.3 STREET ADDRESS 2  |  | 0631 N. MIAMI COURT   |                  |  |
| CITY-ST-ZIP  | MIAMI FL   |                              | <del></del>                       | 3.4 CITY<br>4.1 TITE |   | <u> </u>                               | IAMI, FL. 33169   |                  |  |
| NAME   | ROBERTS, ERNEST  |                              | DELETE                            | 4.2 NAM              |   | D <sub>B</sub>                         | □ Change <u>坎坎</u><br>OYKIN, OZIE   | Addition         |  |
| STREET ADDRESS   | 1525 NW 203 ST   |                              |                                   | 4.3 STR              | EET ADDRESS   | 1                                      | 51 N.W. 207th STREET  | 1                |  |
| CITY-ST-ZIP  | MIAMI FL   |                              | <u></u>                           | 4.4 CITY             |   | M                                      | IAMI, FL. 33169   |                  |  |
| TITLE<br>NAME  | ex/o<br>Grate, donald  |                              | DELETE                            | 5.1 TITL<br>5.2 NAM  | -   | DŢ                                     |   | Addition         |  |
| STREET ADDRESS   | 1245 NW 203 ST.  |                              |                                   |                      | EET ADDRESS   | I .                                    | ACKSON, PATRICIA<br>1031 N.E. 2nd AVE   |                  |  |
| CITY-ST-ZIP  | MIAMI FL   |                              |                                   | 5.4 CIT              | -ST-ZIP   | 1                                      | IAMI, FL. 33169   |                  |  |
| TITLE  | D DEDMAN JEEC  |                              |                                   | 6.1 TITL             |   | D.                                     | Change CA   | ddition          |  |
| NAME<br>STREET ADDRESS   | REDMAN, JEFF<br>115 NW 208TH STREET                          |                              |                                   | 6.2 NAM              | ET ADDRESS  | ļ.                                     | YOUNG, CHARLES  | $(\mathcal{M})$  |  |
| CITY-ST-ZIP  | AST-ZIP MIAMI FL 33169                                       |                              |                                   |                      | -ST-ZIP   | 1 :                                    | 1190 N.W. 207th STREET  | <u> </u>         |  |
| 14. I 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 13 i |  |                              |                                   |                      |   |  |   |                  |  |
| ANNIE LOIS JORDAN  |  |                              |                                   |                      |   |  |   |                  |  |
| SIGNATURE: / SIGNATURE AND TYPED OR PRINTED NAME OF GIGNING OFFICER OR DIRECTOR 9/20/98 305-651-6920  Daytime Phone #  |  |                              |                                   |                      |   |  |   |                  |  |
|  | •  |                              |                                   |                      |   |  | or305-223-5330  | 1                |  |