

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

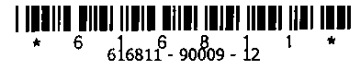
FILED
Sep 17, 1999 8:00 am
Secretary of State

09-17-1999 90009 023 ****61.25
 09-17-1999 90009 024 *****8.75

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 704674
 1. Corporation Name
ANDOVER CIVIC ASSOCIATION, INC.

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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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 08/17/1962	4. FEI Number 65-0196187	Applied For Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
JORDAN, ANNIE LOIS 1195 NW 203RD ST P O BOX 69-3435 MIAMI FL 33169				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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	S D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HUDSON, HORACE	1.2 NAME	JACKSON, PATRICIA
STREET ADDRESS	1131 NW 207TH STREET	1.3 STREET ADDRESS	21031 N.E. 2nd Ave
CITY-ST-ZIP	MIAMI FL 33169	1.4 CITY-ST-ZIP	Miami, Fl. 33169
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WATSON, BARBARA	2.2 NAME	ARRIBAS, MARLENE
STREET ADDRESS	1240 NW 207TH ST	2.3 STREET ADDRESS	20630 North Miami Ave.
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami, Fl. 33169
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JORDAN, ANNIE LOIS	3.2 NAME	BOBKIN, OZIE
STREET ADDRESS	1195 NW 203RD ST	3.3 STREET ADDRESS	951 N.W.207th Street
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami, FL 33169
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERTS, ERNEST	4.2 NAME	JAMES, CAROLYN
STREET ADDRESS	1525 NW 203 ST	4.3 STREET ADDRESS	1485 N.W.203rd Street
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	Miami, FL. 33169
TITLE	EX/O <input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GRATE, DONALD	5.2 NAME	PRATT, Carla
STREET ADDRESS	1245 NW 203 ST.	5.3 STREET ADDRESS	20490 N.W. 7th Ave. #8
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	Miami, Fl. 33169
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REDMAN, JEFF	6.2 NAME	YOUNG, CHARLES
STREET ADDRESS	115 NW 208TH STREET	6.3 STREET ADDRESS	1190 N.W. 207th Street
CITY-ST-ZIP	MIAMI FL 33169	6.4 CITY-ST-ZIP	Miami, FL 33169

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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Annie Lois Jordan* ANNIE LOIS JORDAN Sept. 6, 1999
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)