


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 07, 2007 8:00 am
Secretary of State

08-07-2007 90047 001 ****61.25
 08-07-2007 90047 002 *****8.75

DOCUMENT # 704674					
1. Entity 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		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		06262007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 65-0196187	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
JORDAN, ANNIE LOIS 1195 NW 203RD ST P O BOX 69-3435 MIAMI, FL 33169			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	V	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROWE, INEZ		NAME	ARRIBAS, Marlene	
STREET ADDRESS	20721 NW MIAMI COURT		STREET ADDRESS	20630 NW Miami Avenue	
CITY-ST-ZIP	MIAMI, FL 33169		CITY-ST-ZIP	Miami, FL. 33169	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WATSON, BARBARA		NAME	GREEN, PATSY	
STREET ADDRESS	1240 NW 207TH ST		STREET ADDRESS	950 N.W. 203rd street	
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP	MIAMI, FL. 33169	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JORDAN, ANNIE LOIS		NAME	JACKSON, MARY	
STREET ADDRESS	1195 NW 203RD ST		STREET ADDRESS	740 N.W. 207th street	
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP	MIAMI, FL. 33169	
TITLE	P	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROBERTS, ERNEST		NAME	SMITH, ALVIN	
STREET ADDRESS	1525 NW 203 ST		STREET ADDRESS	20830 N.E. Miami Court	
CITY-ST-ZIP	MIAMI, FL		CITY-ST-ZIP	MIAMI, FL. 33169	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAIN-SMITH, DORA		NAME	TAYLOR, PATRICIA	
STREET ADDRESS	201080 NW MIAMI COURT		STREET ADDRESS	910 N.W. 203rd STREET	
CITY-ST-ZIP	MIAMI, FL 33169		CITY-ST-ZIP	MIAMI, FL. 33169	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MORLEY, CLEVELAND		NAME	McGRUDER, DAVID	
STREET ADDRESS	20300 NW 15TH AVE		STREET ADDRESS	20411 N.W. 2nd COURT	
CITY-ST-ZIP	MIAMI, FL 33169		CITY-ST-ZIP	MIAMI, FL. 33169	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Annie Lois Jordan</i> Annie Lois Jordan 8/2/07 305-651-6920					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					