

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jul 16, 2008 8:00 am
Secretary of State

07-16-2008 90009 045 ****70.00

DOCUMENT # 704674
 1. Entry Name
ANDOVER CIVIC ASSOCIATION, INC.



Principal Place of Business Mailing Address
 1195 NW 203RD ST 1195 NW 203RD ST
 P O BOX 69-3435 P O BOX 69-3435
 MIAMI FL 33169 MIAMI FL 33169
 US US



2. Principal Place of Business - No P.O. Box # 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State

1st MOORE CR2E037 (10/07)

4. FEI Number **65-0196187**
 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
JORDAN, ANNIE LOIS
1195 NW 203RD ST
P O BOX 69-3435
MIAMI FL 33169

7. Name and Address of New Registered Agent
 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 _____ (NOTE: Registered Agent signature is required when re-registering) DATE _____

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	V	<input type="checkbox"/> Delete
NAME	ROWE, INEZ	
STREET ADDRESS	20721 NW MIAMI COURT	
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	
TITLE	TD	<input type="checkbox"/> Delete
NAME	JORDAN, ANNIE LOIS	
STREET ADDRESS	1195 NW 203RD ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	ROBERTS, ERNEST	
STREET ADDRESS	1525 NW 203 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BAIN-SMITH, DORA	
STREET ADDRESS	201080 NW MIAMI COURT	
CITY-ST-ZIP	MIAMI FL 33169	
TITLE	D	<input type="checkbox"/> Delete
NAME	MORLEY, CLEVELAND	
STREET ADDRESS	20300 NW 15TH AVE	
CITY-ST-ZIP	MIAMI FL 33169	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARRIBAS, MARLENE	
STREET ADDRESS	20630 N. MIAMI AVENUE	
CITY-ST-ZIP	MIAMI, FL. 33169	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	PATSY Green, PATSY	
STREET ADDRESS	950 N.W. 203RD STREET	
CITY-ST-ZIP	MIAMI, FL. 33169	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JACKSON, MARY	
STREET ADDRESS	740 N.W. 207th STREET	
CITY-ST-ZIP	MIAMI, FL. 33169	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MILLER, ERVAN	
STREET ADDRESS	1370 N.W. 207th STREET	
CITY-ST-ZIP	MIAMI, FL. 33169	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMITH, ALVIN	
STREET ADDRESS	20830 N.E. MIAMI COURT	
CITY-ST-ZIP	MIAMI, FL. 33169	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TAYLOR, PATRICIA	
STREET ADDRESS	910 N.W. 203rd STREET	
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 Section 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: Annie Lois Jordan - Annie Lois JORDAN 7/11/08 305-651-6920