

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

85 APR 26 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **742409** (6)
1. Corporation Name
ANDOVER F CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business Mailing Address
143 ANDOVER F WEST PALM BECH FL 33417 US **143 ANDOVER F WEST PALM BEACH FL 33417 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/14/1978** 3a. Date of Last Report **04/15/1994**
4. FEI Number **59-1630979** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent
**ROBBINS, EDWARD
143 ANDOVER F143 C V
WEST PALM BEACH, FL
33417**

10. Name and Address of New Registered Agent
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS
TITLE **VO**
NAME **LYONS, G**
STREET ADDRESS **131 ANDOVER F**
CITY-ST-ZIP **WEST PALM BEACH FL**
TITLE **PO**
NAME **BENNETT, DAVID**
STREET ADDRESS **134 ANDOVER F**
CITY-ST-ZIP **WEST PALM BCH, FL 00000**
TITLE **TD**
NAME **MANN, HARRY**
STREET ADDRESS **154 ANDOVER F**
CITY-ST-ZIP **WEST PALM BCH, FL 00000**
TITLE **D**
NAME **ROBBINS, EDWARD**
STREET ADDRESS **143 ANDOVER F**
CITY-ST-ZIP **WEST PALM BCH, FL 00000**
TITLE **SD**
NAME **LEWIS, FRANCES**
STREET ADDRESS **151 ANDOVER F**
CITY-ST-ZIP **WEST PALM BEACH FL**
TITLE **D**
NAME **LEWIS, ROWS**
STREET ADDRESS **132 ANDOVER F**
CITY-ST-ZIP **WEST PALM BEACH FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information applied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: David P. Bennett Pres. April 21 '95 (1407)
SIGNATURE AND TYPED OR PRINTED NAME OF CHIEF OFFICER OR DIRECTOR (Date) (Printing Name)
David P. Bennett