## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

742409

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DOCUMENT # ANDONER E CONDOMINHUM ASSOCIATION, INC.

MINDAFI	4 E COMPONIMION Y220				
Principal Place of	Business	Mailing Address		1 48 Atte 1862) Atala tion older dans	
143 ANDOVER F		143 ANDOVER F	143 ANDOVER F		
WEST PALM BECH FL 33417		WEST PALM BEACH FL 33417		and an Ouglified	3a. Date of Last Report
US		US		3. Date Incorporated or Qualified 04/14/1978	04/26/1995
		T. A. W. Addroso		4. FEI Number	Applied For
2. Principal Place	of Business	2a. Mailing Address	Was F	59-1630979	Not Applicable
1 /34 Suite, Apt. #, 6	Anderes F	2a. Mailing Address 26 134 And Suite, Apt. #, etc. 27 Westickin B.		5. Certificate of Status Desired	\$8.75 Additional
Suite, Apt. #, も	la Barrila Fl	, 27 Westralm B	each FL	S. Comments of Last	- Fee Medalled
City & State City & State		City & State		6. Election Campaign Charles	\$5.00 May Be Added to Fees
3		28	Country	Trust Fund Contribution  8. This corporation has liability for	
Zip .	Country	29 33417 30	Country US	Florida Statutes	Li Yes LANO
35 tl	7 25 U.S 9. Name and Address of Currer			10. Name and Address of New I	Registered Agent
	9. Name and Address of Currer	it negistored agent	81 Name	David P. Benne	211
	POWARD.		Ctroot A	ddrass (P.O. Box Number is Not Accepta	ole)
	, EDWARD		<b>62</b>   Silver A	34 Andover 1-	
143 ANDOVER F143 C V WEST PALM BEACH, FL			83	art Palm Bea	ch_
	LM BEACH, FL		84 City	- 1 Tacing Oct	as Zin Code
33417					FL 33417
11 Pursuant to	the provisions of Sections 617.050	2 and 617.1508, Florida Statutes, t	he above-named cor	poration submits this statement for the proport of directors. I hereby accept the app	pointment as registered agent. I am
or registered	agent, or both, in the State of Flor	ida. Such change was authorized to tion 617.0503, Florida Statutes	) (19 corporation 5 c	2	16/12/01
	11	210 1000. $0/$			DATE
SIGNATURE -	construe. Miled or printed fairle of registered assistant	nt and tied Lappicable (NOTE: F	logistered Agent signature re	quired when reinstalling!  ADDITIONS/CHANGES TO OF	FICERS AND DIRECTORS IN 12
12.	OFFICERS AN	ND DIRECTORS	13.	D	Change Addition
TITLE	VD	□ DETEN	1.2 NAME		
NAME	LYONS, G		1.3 STREET ADDRESS	Mann Harry 15th Andersart West Palm Bea	1 5 401117
STREET ADDRESS	131 ANDOVER F		1.4 CITY - ST - ZIP	west Pulm Bea	-ch 1-4 33411
CITY - ST - ZIP	WEST PALM BEACH FL	DELETE	2 1 TITLE	<u> </u>	Change Addition
TITLE	PD PENNITT DAVID	_	2 2 NAME	Howard Cohen	
NAME	Bennitt, David 134 andover f		2 3 STREET ADDRESS	134 Andover F	ch FL 33417
STREET ADDRESS	WEST PALM BCH, FL 0000	0	2 4 CITY - ST-ZIP	West Palm Bea	ch / C 3341/
CITY-ST-ZIP TITLE	TD	<b>EX</b> DELETE	3 1 TIFLE	Natalie Nadel	Change Condition
NAME	MANN, HARRY	<i>/</i> `	3.2 NAME	1 (1)	
STREET ADDRESS	154 ANDOVER F		3 3 STREET ADDRESS	138 HADOUEN	1 154 3341
CITY-ST-ZIP	WEST PALM BCH, FL 0000	)0	3 4. CITY - ST - ZIP	West Palm Ben	Change Addition
TITLE	D	<b>₹</b> ADELETE	4 1 TITLE	D Sylvic Liebers 9 134 Andosen F West Pelm Ber D	_ · _ سلمله
NAME	ROBBINS, EDWARD		4. 2 NAME	134 Andries F	
STREET ADDRESS	143 ANDOVER F		4.3 STREET ADDRESS	West Palm Ber	rela FL 3341
CITY - S1 - ZIP	WEST PALM BCH, FL 0000	DELETE	4.4 CITY - ST - ZIP 5.1 TITLE	0	Change Addition
TITLE	SD	Poeter	5.2 NAME	hir lie m Malte	e S- ( ;
NAME	LEWIS, FRANCES		5 3 STREET ADDRESS	133 Andover F West Palm Br	1 / 1 3141
STREET ADDRESS	151 ANDOVER F		54 CITY-ST-ZIP	West Palm Ba	<u>د - د لر ۲ س ح ۱۳ س</u>
CITY-SI-ZIP	WEST PALM BEACH FL	DELETE	61 TITLE		Change
TITLE	D D	N	6.2 NAME		
NAME	LEWIS, ROWS 132 ANDOVER F		6.3 STREET ADDRESS		
STREET ADDRESS	WEST DAIM REACH FL		6.4 CITY - ST- ZIP	1	110 07/20/U) Florida Statutes   further
14. I do here		ed with this filing is voluntarily furnis	shed and does not qual report is true and a	Jalify for the exemption stated in Section accurate and that my signature shall have ute this report as required by Chapter 61	the same legal effect as if made under
certify that	at the information indicated on this c	moration or the receiver or trustee	empowered to exec	ute this report as required by Chapter on	, Horida Clarates) /
appears	t Lam an officer or director of the co in Block 12 or Block 13 if changed.	or on an attachment with an addre	ss.		01- 162-1262
SIGNA		P Bus of		Copy [ 17/1	96 LE3-7693 Daytime Priore
		D OR PRINTED NAME OF SIGNING OFFICE		Date: /	раузгле епоне и

CR2E037 (12/95)