

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 27, 2002 8:00 am**  
**Secretary of State**

03-27-2002 90023 002 \*\*\*\*61.25

**DOCUMENT # 742409**

1. Entity Name

**ANDOVER F CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

134 ANDOVER 'F'  
 W PALM BCH FL 33417  
 US

134 ANDOVER 'F'  
 W PALM BCH FL 33417  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-1630979**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NADEL, NATALIE**  
**134 ANDOVER 'F'**  
**W PALM BCH FL 33417**

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VP	<input type="checkbox"/> Delete
NAME	OSUR, SOL	
STREET ADDRESS	131 ANDOVER	
CITY-ST-ZIP	W. PALM BCH FL 33417	
TITLE	SD	<input type="checkbox"/> Delete
NAME	<del>OSUR, SOL</del> LIPPOLIS MILDRED	
STREET ADDRESS	134 ANDOVER 'F' 151	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	PD	<input type="checkbox"/> Delete
NAME	NADEL, NATALIE	
STREET ADDRESS	134 ANDOVER 'F'	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KORPITA, ANDREW	
STREET ADDRESS	134 ANDOVER 'F'	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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 B' changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Natalie Snadel (134)

2-20-02

CR2E037 (9/01)