

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

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 APR 13 PM 2:46

DOCUMENT # **742411** (2)

1. Corporation Name

**ANDOVER J CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**ANDOVER J-247  
CENTURY VILLAGE  
WEST PALM BEACH FL 33417**

**ANDOVER J-247  
CENTURY VILLAGE  
WEST PALM BEACH FL 33417**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>04/14/1978</b>	3a. Date of Last Report <b>03/22/1994</b>
4. FEI Number <b>59-1887469</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**SIDNEY, RICHLER  
ANDOVER J-247 CEN VILL  
W PALM BCH 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
<b>FL</b>
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PO</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RECHLER, SIDNEY</b>	1.2 NAME	
STREET ADDRESS	<b>ANDOVER J-247 CEN VILL</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>W PALM BCH, FL 00000</b>	1.4 CITY - ST - ZIP	
TITLE	<b>TD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOSKOWITZ, IRVING</b>	2.2 NAME	
STREET ADDRESS	<b>ANDOVER J-252 CEN VILL</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>W PALM BCH, FL 00000</b>	2.4 CITY - ST - ZIP	
TITLE	<b>V</b>	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FLAXMAN, PAULINE</b>	3.2 NAME	
STREET ADDRESS	<b>ANDOVER J-245 CEN VILL</b>	3.3 STREET ADDRESS	<b>LEVENSON, MORRIS</b>
CITY - ST - ZIP	<b>W PALM BCH, FL 00000</b>	3.4 CITY - ST - ZIP	<b>ANDOVER J. 254 CEN. VILL</b>
TITLE	<b>SD</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LANDAU, LEAH</b>	4.2 NAME	
STREET ADDRESS	<b>ANDOVER J-246 CEN VILL</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>W PALM BCH, FL 00000</b>	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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: Irving Moskowitz      IRVING MOSKOWITZ - 3-27-95      407-686-6340  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #