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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 742411

1. Corporation Name

ANDOVER J CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

ANDOVER J-247
CENTURY VILLAGE
WEST PALM BEACH FL 33417

Mailing Address

ANDOVER J-247
CENTURY VILLAGE
WEST PALM BEACH FL 33417



2. Principal Place of Business

21 244 ANDOVER J

Suite, Apt. #, etc.

22 City & State
23 W. PALM BEACH, FL

Zip

24 33417

Country

25 PALM BCH

2a. Mailing Address

26 244 ANDOVER J

Suite, Apt. #, etc.

27 City & State
28 W. PALM BEACH, FL

Zip

29 33417

Country

30 PALM BCH

3. Date Incorporated or Qualified

04/14/1978

4. FEI Number

59-1887469

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

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 ARLENE EVANS
82 Street Address (P.O. Box Number is Not Acceptable)
83 244 ANDOVER - J
84 City WEST PALM BEACH FL 85 Zip Code 33417

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE IRVING MOSKOWITZ

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Irving Moskowitz - Feb. 2, 1999

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	RECHLER, SIDNEY	
STREET ADDRESS	ANDOVER J-247 CEN VILL	
CITY-ST-ZIP	W PALM BCH, FL 00000	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MOSKOWITZ, IRVING	
STREET ADDRESS	ANDOVER J-252 CEN VILL	
CITY-ST-ZIP	W PALM BCH, FL 00000	
TITLE	V	<input type="checkbox"/> DELETE
NAME	LEVESON, MORRIS	
STREET ADDRESS	ANDOVER J254 CEN VILL	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	LANDAU, LEAH	
STREET ADDRESS	ANDOVER J-246 CEN VILL	
CITY-ST-ZIP	W PALM BCH, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Arlene Evans	
1.3 STREET ADDRESS	244 Andover J	
1.4 CITY-ST-ZIP	W. Palm Beach, FL - 33417	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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, with all other like empowered.

SIGNATURE: Irving Moskowitz IRVING MOSKOWITZ 2/2/99 - 561-686-6740

CR2E037 (1/98)