

2000 UNIFORM BUSINESS REPORT (UBR)

2/5/00-90027-050-\$61.25-\$61.25

DOCUMENT # 742411

FILED

1. Entity Name

ANDOVER J CONDOMINIUM ASSOCIATION, INC.

00 MAR -6 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number **59-1887469** Applied For Not

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

EVANS, ARLENE
244 ANDOVER J
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 NAME STREET ADDRESS CITY-ST-ZIP	PD EVANS, ARLENE 244 ANDOVER J W. PALM BEACH FL 33417	TITLE CPD NAME STREET ADDRESS CITY-ST-ZIP	CO PRESIDENT D EDEL MAN FLORENCE 256 ANDOVER J W PALM BEACH FL 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MOSKOWITZ, IRVING ANDOVER J-252 CEN VILL W. PALM BCH, FL 00000	TITLE CPD NAME STREET ADDRESS CITY-ST-ZIP	CO PRESIDENT D DAGENAIS CLAUDE 951 ANDOVER J W. PALM BEACH FL 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LEVESON, MORRIS ANDOVER J254 CEN VILL WEST PALM BEACH FL	TITLE VPD NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT D LANDAU LEAH 246 ANDOVER J W PALM BEACH FL 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LANDAU, LEAH ANDOVER J-246 CEN VILL W PALM BCH, FL 00000	TITLE TD NAME STREET ADDRESS CITY-ST-ZIP	TD MOSKOWITZ IRVING TD 252 ANDOVER J W PALM BEACH FL 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE SD NAME STREET ADDRESS CITY-ST-ZIP	SD GOLDBERG CAROL SD 237 ANDOVER J W. PALM BEACH FL 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	

OLD STAFF

KE

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *CLAUDE DAGENAIS* Date: *1-31-2000* Daytime Phone #: *561-687-3497*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

687 3497