2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

## Apr 12, 2005 8:00 am Secretary of State **DOCUMENT # 742411** 1. Entity Name 04-12-2005 90138 044 \*\*\*\*61.25 ANDOVER J CONDOMINIUM ASSOCIATION, INC. Mailing Address Principal Place of Business 251 ANDOVER J 251 ANDOVER J WEST PALM BEACH FL 33417 WEST PALM BEACH FL 33417 2. Principal Place of Business 3. Mailing Address SEACREST SERVICES INC. Suite, Apt. #, etc. CR2E037 (10/04) 2400 CENTREPARK DR. W. 4. FEI Number Applied For **SUITE 175** City & State 59-1887469 Not Applicable WEST PALM BEACH, FL. 33409 Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MOSKOWITZ, IRVING Street Address (P.O. Box Number is Not Acceptable) 252 ANDOVER J WEST PALM BEACH FL 33417 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) PATEK FOOTHEN HERST FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due By May 1, 2005 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10 11. VPD ☐ Addition Delete ☐ Change TITLE TITLE EDELMAN, FLORENCE NAME NAME 256 ANDOVER J STREET ADDRESS STREET ADDRESS W. PALM BEACH FL 33417 CITY-ST-ZIP CITY-ST-ZIP CPD TITLE Delete TITLE ☐ Change Addition DAGENAIS, CLAUDE NAME 251 ANDOVER J STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33417 CITY-ST-ZIP CITY-ST-7IP SD Delete TITLE ☐ Change **Addition** GONZAELZ, MILDRED NAME NAME John Howard 247 ANDOVER J STREET ADDRESS STREET ADORESS 239 Andover I City-St-7IP WEST PALM BEACH FL 33417-2604 CITY-ST-ZIP West Palm Beach, F1 33417 תד ☐ Change 🔀 Delete Addition TITLE TITLE Howie Katz MOSKOWITZ, IRVING NAME NAME 252 ANDOVER J 238 Andover J STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33417 CITY-ST-ZIP CITY-ST-ZIP west Pulm Beach, F 33411 ☐ Addition ☐ Delete TITLE ☐ Change GOLDBERG, CAROL NAME 237 ANDOVER J STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33417 CITY-ST-ZIP CITY-ST-ZIP Change TITLE TITLE Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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 pitter-like propowered.

MADE OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #