

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 15 PM 3:13

DOCUMENT # 742739 (6)

1. Corporation Name

ANDOVER B CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

ANDOVER B 38
CENTURY VILLAGE
WEST PALM BEACH FL 33417

ANDOVER B 38
CENTURY VILLAGE
WEST PALM BEACH FL 33417

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/08/1978

3a. Date of Last Report
02/08/1994

4. FEI Number
59-1637719

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status ☐

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

25 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RIMMER, BERNARD
ANDOVER B 38
WEST PALM BEACH FL 33417

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 Bernard Rimmer

Bernard Rimmer Treas. 2/9/95

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

(NOTE: Registered Agent's signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	COHEN, PEARL
STREET ADDRESS	ANDOVER B 45
CITY-ST-ZIP	W PALM BCH FL
TITLE	VP
NAME	KLEIN, MARION
STREET ADDRESS	27 ANDOVER B
CITY-ST-ZIP	W PALM BCH FL
TITLE	S
NAME	HYMAN, HAAS
STREET ADDRESS	27 ANDOVER B
CITY-ST-ZIP	W PALM BCH FL
TITLE	D
NAME	RIMMER, BERNARD
STREET ADDRESS	ANDOVER B 38
CITY-ST-ZIP	W PALM BCH FL
TITLE	D
NAME	FELDSTEIN, ANN
STREET ADDRESS	48 ANDOVER B
CITY-ST-ZIP	W PALM BCH FL
TITLE	D
NAME	FLAYTON, CHAS
STREET ADDRESS	ANDOVER B 49
CITY-ST-ZIP	W PALM BCH FL

1.1 TITLE	P	☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	V	☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	S	☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	T	☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 addition.

SIGNATURE: Bernard Rimmer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bernard Rimmer 2/9/95 407-684-1244

(Date)

(Signature) (Phone #)