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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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

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

3. Date Incorporated or Qualified: 05/08/1978

4. FEI Number: 59-1637719 ☐ Applied For ☐ Not Applicable

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

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

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 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 _____ 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	P	☐ DELETE	1.1 TITLE	P	☑ Change ☐ Addition
NAME	COHEN, PEARL		1.2 NAME	HYMAN HAAS	
STREET ADDRESS	ANDOVER B 45		1.3 STREET ADDRESS	37 ANDOVER B	
CITY-ST-ZIP	W PALM BCH FL		1.4 CITY-ST-ZIP	W.P. BEACH. FL.	
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	KLEIN, MARION		2.2 NAME		
STREET ADDRESS	27 ANDOVER B		2.3 STREET ADDRESS		
CITY-ST-ZIP	W PALM BCH FL		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE	S	☑ Change ☐ Addition
NAME	HYMAN, HAAS		3.2 NAME	JEAN FRITZ	
STREET ADDRESS	27 ANDOVER B		3.3 STREET ADDRESS	52 ANDOVER B	
CITY-ST-ZIP	W PALM BCH FL		3.4 CITY-ST-ZIP	W.P. BEACH. FL	
TITLE	T	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	RIMMER, BENARD		4.2 NAME		
STREET ADDRESS	ANDOVER B 38		4.3 STREET ADDRESS		
CITY-ST-ZIP	W PALM BCH FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE	D.	☐ Change ☐ Addition
NAME	FRITZ, JEAN		5.2 NAME	RUDOLF MIGLIORA	
STREET ADDRESS	52 ANDOVER B.		5.3 STREET ADDRESS	47 ANDOVER B	
CITY-ST-ZIP	WEST PALM BEACH FL		5.4 CITY-ST-ZIP	W.P. BEACH. FL-	
TITLE	D	☐ DELETE	6.1 TITLE	600002477806	☐ Change ☐ Addition
NAME	FEINBERG, WILLIAM		6.2 NAME	-04/03/98--01015--023	
STREET ADDRESS	ANDOVER B 40		6.3 STREET ADDRESS	***306.25	
CITY-ST-ZIP	E PALM BEACH FL		6.4 CITY-ST-ZIP		

BS 4/2

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.

SIGNATURE [signature] 4/2/98
Officer or Director of the Corporation - Receiver or Trustee - Attorney or Agent

CR2E037 (10/97)