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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **742739**

1. Corporation Name
ANDOVER B CONDOMINIUM ASSOCIATION, INC.

* 5 6 2 1 8 6 *
562186 - 90006 - 38

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 05/08/1978
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1637719 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

RIMMER, BERNARD
ANDOVER B 38
WEST PALM BEACH FL 33417

10. Name and Address of New Registered Agent

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	D	☑ Change ☐ Addition
NAME	COHEN, PEARL		1.2 NAME	BERNIE SNYDER	
STREET ADDRESS	ANDOVER B 45		1.3 STREET ADDRESS	ANDOVER B 31	
CITY-ST-ZIP	W PALM BCH FL		1.4 CITY-ST-ZIP	W.P. BEACH FLr	
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	P	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HYMAN, HAAS		3.2 NAME		
STREET ADDRESS	37 ANDOVER B		3.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		3.4. CITY-ST-ZIP		
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	S	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	FRITZ, JEAN		5.2 NAME		
STREET ADDRESS	52 ANDOVER B.		5.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		5.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	6.1 TITLE	D	☐ Change ☐ Addition
NAME	FEINBERG, WILLIAM		6.2 NAME	ARTHER LEVINE	
STREET ADDRESS	ANDOVER B 40		6.3 STREET ADDRESS	34 ANDOVER B	
CITY-ST-ZIP	E PALM BEACH FL		6.4 CITY-ST-ZIP	W.P. BEACH, FL.	

CR2E037 (11/98)

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: BERNARD RIMMER SIGNATURE REQUIRED Bernard Rimmer 1/5/99 561-684-1244
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #