1/25/00-90109-039-$61.25-$61.25

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 742739

FILED

00 FEB 28 AM 9:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity 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 33417-2642

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
ANDOVER B 37	ANDOVER B 37 WEST PALM BEACH, FL
Suite, Apt. #, etc.: 37	Suite, Apt. #, etc.: 37
City & State: WEST PALM BEACH, FL	City & State: WEST PALM BEACH, FL
Zip: 33417 Country: PALM BEACH	Zip: 33417 Country: PALM BEACH

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

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
RIMMER, BERNARD ANDOVER B 38 WEST PALM BEACH FL 33417	Name: HYMAN HAAS Street Address (P.O. Box Number is Not Acceptable): 37 ANDOVER B City: WEST PALM BEACH FL Zip Code: 33417

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: HYMAN HAAS — Hyman Haas — DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	D SNYDER, BERNIE ANDOVER B 45 W PALM BCH FL	☐ Delete 37 ANDOVER B W.P.B., FL 33417	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VICE PRESIDENT	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V KLEIN, MARION 27 ANDOVER B W PALM BCH FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P HYMAN, HAAS 37 ANDOVER B WEST PALM BEACH FL	☐ Delete 37 ANDOVER B W.P.B., FL 33417	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T RIMMER, BENARD ANDOVER B 38 W PALM BCH FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S FRITZ, JEAN 52 ANDOVER B. WEST PALM BEACH FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S RAE FASSBINDER 37 ANDOVER B WEST PALM BEACH, FL 33417	☐ Change ☐ Addition SECRETARY
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEVINE, ARTHER ~~54~~ ANDOVER B 37 E PALM BEACH FL	☐ Delete 37 ANDOVER B W. PALM BEACH, FL 33417	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER	☐ Change ☐ Addition 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: S/ HYMAN HAAS **SIGNATURE REQUIRED** — 01/10/00 — (561) 688-0868

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #