

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742739

FILED
Mar 09, 2009
Secretary of State

Entity Name: ANDOVER B CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

ANDOVER B
WEST PALM BEACH, FL 33417

New Principal Place of Business:

Current Mailing Address:

2575 HOMEWOOD R
WEST PALM BEACH, FL 33406

New Mailing Address:

FEI Number: 59-1637719

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRUITTS PROPERTY MANAGEMENT
4895 GARDNER LANE
LAKE WORTH, FL 33463 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: VPD () Delete
Name: STUBITS, FRANK
Address: 51 ANDOVER B
City-St-Zip: W PALM BCH, FL 33417

Title: T () Delete
Name: STUBITS, ANN BARD
Address: 51 ANDOVER B
City-St-Zip: WEST PALM BEACH, FL 33417

Title: S () Delete
Name: VOLEK, ALLYSON
Address: 36 ANDOVER B
City-St-Zip: WEST PALM BEACH, FL 33417

Title: PD () Delete
Name: CAULFIELD, JAMES
Address: 36 ANDOVER B
City-St-Zip: WEST PALM BEACH, FL 33417

Title: D () Delete
Name: LOCKE, MEL
Address: 40 ANDOVER
City-St-Zip: WEST PALM BEACH, FL 33417

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: STUBITS, FRANK VP
Address: 51 ANDOVER B
City-St-Zip: W PALM BCH, FL 33417

Title: T (X) Change () Addition
Name: BARD, ANN T
Address: 68 KNOLL ST.
City-St-Zip: LINDENHURST, NY 11757

Title: S (X) Change () Addition
Name: VOLEK, ALLYSON S
Address: 36 ANDOVER B
City-St-Zip: WEST PALM BEACH, FL 33417

Title: PD (X) Change () Addition
Name: CAULFIELD, JAMES P
Address: 36 ANDOVER B
City-St-Zip: WEST PALM BEACH, FL 33417

Title: D (X) Change () Addition
Name: LOCKE, MEL D
Address: 40 ANDOVER
City-St-Zip: WEST PALM BEACH, FL 33417

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONELL PRUITT, PPM

AGT

03/09/2009

Electronic Signature of Signing Officer or Director

Date