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Apr 02 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # 742742 (0)

1. Corporation Name

ANDOVER K CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O JENNIE SCHECHTER  
259 ANDOVER K  
WEST PALM BEACH FL 33417-2606

C/O JENNIE SCHECHTER  
259 ANDOVER K  
WEST PALM BEACH FL 33417-2606

3. Date Incorporated or Qualified

05/08/1978

4. FEI Number

59-1636128

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

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

SCHECHTER, JENNIE  
ANDOVER K-259  
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

|                |                        |                                            |
|----------------|------------------------|--------------------------------------------|
| TITLE          | D                      | <input checked="" type="checkbox"/> DELETE |
| NAME           | SHAPIRO, ADELE         |                                            |
| STREET ADDRESS | ANDOVER K-274 CEN VILL |                                            |
| CITY-ST-ZIP    | W PALM BCH FL          |                                            |
| TITLE          | D                      | <input type="checkbox"/> DELETE            |
| NAME           | ROSENBERG, LILA        |                                            |
| STREET ADDRESS | 260 ANDOVER K          |                                            |
| CITY-ST-ZIP    | W PALM BCH FL          |                                            |
| TITLE          | VD                     | <input type="checkbox"/> DELETE            |
| NAME           | WERTENSTEIN, BEA       |                                            |
| STREET ADDRESS | 275 ANDOVER K          |                                            |
| CITY-ST-ZIP    | W PALM BCH FL          |                                            |
| TITLE          | PD                     | <input type="checkbox"/> DELETE            |
| NAME           | TURKIN, HARRY          |                                            |
| STREET ADDRESS | 267 ANDOVER K          |                                            |
| CITY-ST-ZIP    | W PALM BCH FL          |                                            |
| TITLE          | TD                     | <input type="checkbox"/> DELETE            |
| NAME           | SCHECHTER, JENNIE      |                                            |
| STREET ADDRESS | ANDOVER K-259 CEN VILL |                                            |
| CITY-ST-ZIP    | W PALM BEACH FL        |                                            |
| TITLE          | D                      | <input type="checkbox"/> DELETE            |
| NAME           | RAIMI, MEYER           |                                            |
| STREET ADDRESS | ANDOVER K-272 CEN VILL |                                            |
| CITY-ST-ZIP    | WEST PALM BCH FL       |                                            |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                     |                                                                              |
|--------------------|---------------------|------------------------------------------------------------------------------|
| 1.1 TITLE          | D                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | ANDREW BLAUSTEIN    |                                                                              |
| 1.3 STREET ADDRESS | 268 ANDOVER K       |                                                                              |
| 1.4 CITY-ST-ZIP    | W PALM BCH FL 33417 |                                                                              |
| 2.1 TITLE          | D                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           | HERBERT ARONOWITZ   |                                                                              |
| 2.3 STREET ADDRESS | 280 ANDOVER K       |                                                                              |
| 2.4 CITY-ST-ZIP    | W PALM BCH FL 33417 |                                                                              |
| 3.1 TITLE          | V.D                 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME           | EARLE PERLOV        |                                                                              |
| 3.3 STREET ADDRESS | 282 ANDOVER K       |                                                                              |
| 3.4 CITY-ST-ZIP    | W PALM BCH FL 33417 |                                                                              |
| 4.1 TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME           |                     |                                                                              |
| 4.3 STREET ADDRESS |                     |                                                                              |
| 4.4 CITY-ST-ZIP    |                     |                                                                              |
| 5.1 TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME           |                     |                                                                              |
| 5.3 STREET ADDRESS |                     |                                                                              |
| 5.4 CITY-ST-ZIP    |                     |                                                                              |
| 6.1 TITLE          |                     | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME           |                     |                                                                              |
| 6.3 STREET ADDRESS |                     |                                                                              |
| 6.4 CITY-ST-ZIP    |                     |                                                                              |

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: Sandra B. Mortham, Secretary of State

CR2E037 (10/97)