

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Jun 10, 1999 8:00 am**  
**Secretary of State**

06-10-1999 90038 001 \*2,695.00

.NONPROFIT CORPORATION ANNUAL REPORT <b>1998-1999</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N17530 (9)**  
 1. Corporation Name  
**ANDROS VILLAGE CONDOMINIUM ASSOCIATION, INC.**

5 74644 - 90038 - 8 4



Principal Place of Business 1310 AVENUE OF THE STARS COCONUT CREEK FL 33066 US	Mailing Address 1310 AVENUE OF THE STARS COCONUT CREEK FL 33066 US
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3. Date Incorporated or Qualified  
**10/27/1986**

4. FEI Number  
**59-2656712**

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

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

9. Name and Address of Current Registered Agent  
**RAVO, PAT T.**  
**1310 AVENUE OF THE STARS**  
**COCONUT CREEK FL 33066**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	COHEN, BERNARD	
STREET ADDRESS	1702 ANDROS ISLE, APT K-3	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BERNSTEIN, RUBEN	
STREET ADDRESS	1701 H - 3 ANDROS ISLE	
CITY-ST-ZIP	COCONUT FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	FRIEDMAN, DAVID	
STREET ADDRESS	1704 A3 ANDROS ISLE	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	ARRET, BERNARD	
STREET ADDRESS	1702 B-2 ANDROS ISLE	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	MEYERSON, HELENA	
STREET ADDRESS	1705 F-4 ANDROS ISLE	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	Sandy Greenfield	
1.3 STREET ADDRESS	1702 Andros Isle, Apt. K-2	
1.4 CITY-ST-ZIP	Coconut Creek, FL 33066	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D/T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Law Berman	
4.3 STREET ADDRESS	1703 Andros Isle, Apt. F-3	
4.4 CITY-ST-ZIP	Coconut Creek, FL 33066	
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 this report.

SIGNATURE: \_\_\_\_\_ 5/19/99 (454)978-2600