

**2002 UNIFORM BUSINESS REPORT (UBR)**

3/25

**FILED**  
**Apr 23, 2002 8:00 am**  
**Secretary of State**

03-29-2002 90364 001 \*2,695.00

**DOCUMENT # N17530**

1. Entity Name

**ANDROS VILLAGE CONDOMINIUM ASSOCIATION, INC.**

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

24938



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2656712

Applied For

Not Applicable

Zip

Country

Zip

Country

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

Name

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

City

**FL**

Zip Code

**RAVO, PAT T.**  
**1310 AVENUE OF THE STARS**  
**COCONUT CREEK FL 33066**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**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 **D**  Delete  
 NAME **LUSTGARTEN, HOWARD**  
 STREET ADDRESS **1702 ANDROS ISLE APT A4**  
 CITY-ST-ZIP **COCONUT CREEK FL 33066**

TITLE **VPD**  Change  Addition  
 NAME **DANCYGIER, SAM**  
 STREET ADDRESS **1702 ANDROS ISLE APT. M-4**  
 CITY-ST-ZIP **COCONUT CREEK FL 33066**

TITLE **PD**  Delete  
 NAME **BERNSTEIN, RUBEN**  
 STREET ADDRESS **1701 H - 3 ANDROS ISLE**  
 CITY-ST-ZIP **COCONUT FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SD**  Delete  
 NAME **FRIEDMAN, DAVID**  
 STREET ADDRESS **1704 A3 ANDROS ISLE**  
 CITY-ST-ZIP **COCONUT CREEK FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TD**  Delete  
 NAME **BERMAN, LOU**  
 STREET ADDRESS **1703 ANDROS ISLE APT F3**  
 CITY-ST-ZIP **COCONUT CREEK FL 33066**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VD**  Delete  
 NAME **MEYERSON, HELENA**  
 STREET ADDRESS **1705 F-4 ANDROS ISLE**  
 CITY-ST-ZIP **COCONUT CREEK FL**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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:

*Hubert Horn*  
**HUBERT HORN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/02

Date

Daytime Phone #

CR20037 (9/01)