2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2008
Secretary of State

DOCUMENT# N26836

Entity Name: ANDOVER SQUARE I CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

2360 LONGBOAT DRIVE
NAPLES, FL 34104 US

New Principal Place of Business:

Current Mailing Address:

2360 LONGBOAT DRIVE
NAPLES, FL 34104 US

New Mailing Address:

FEI Number: 65-0072373 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GREENWOOD MGMT SERVICE INC.
2360 LONGBOAT DRIVE
NAPLES, FL 34104 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:	P	( ) Delete
Name:	FENNELLY, MIKE	
Address:	4548 ANDOVER WAY # F-104	
City-St-Zip:	NAPLES, FL 34112	
Title:	V	( ) Delete
Name:	MARTIN, ROBERT	
Address:	4524 ANDOVER WAY # I-204	
City-St-Zip:	NAPLES, FL 34112	
Title:	S	( ) Delete
Name:	POLZIN, ROBERT	
Address:	4540 ANDOVER WAY, # G-203	
City-St-Zip:	NAPLES, FL 34112	
Title:	D	( ) Delete
Name:	STETLER, BILL	
Address:	4588 ANDOVER WAY #A-305	
City-St-Zip:	NAPLES, FL 34112	
Title:	TD	( ) Delete
Name:	LAPLANTE, JOSEPH	
Address:	4588 ANDOVER WAY # A-301	
City-St-Zip:	NAPLES, FL 34112	
Title:	D	( ) Delete
Name:	HOOD, BOB	
Address:	4548 ANDOVER WAY # F-301	
City-St-Zip:	NAPLES, FL 34112	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: MIKE FENNELLY P 02/01/2008

Electronic Signature of Signing Officer or Director — Date