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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

N36459

(8)

ANDOVER C CONDOMINIUM ASSOCIATION INC. OF WEST P ALM BEACH

Principal Plac	o of Rumone	Mailing Address				- 1836 - 61841 - 81861 - 81864 - 81861 - 81861 - 81861	
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78 ANDOVER C C/O BENJAMIN FRIEDMAN		78 ANDOVER C C/O FRIEDMAN, BENJA	AMIN		į. 		
	EACH FL 33417-2652	WEST PALM BEACH FI		652			
us		US			3. Date Incorporated or Qualified 02/05/1990	3a. Date of Last Report 03/22/1996	
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number 59-1637925	Applied	For
1]		26			39-103/923	Not App	
Suite, Apt	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Addition	
2 City & State	A.	City & State		***************************************		Fee Require	
·} ´	e	}—¬ ´			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May I	
Zip	Country	28 Zip	т-т	Country	This corporation has liability for	integrible to under s. 1991	
4	25	29	30			intangible tax under s. 199. ☐ Yes ☐ No	U3Z,
11	9. Name and Address of Curre		1001	<u> </u>	10. Name and Address of New R		
				81 Name		-6	
FRIFOM	AN, BENJAMIN			99 0	Add DO DO N		
78 ANDOVER C				82 Street	et Address (P.O. Box Number is Not Acceptable)		
	ALM BEACH FL 33417			83			
,,,,							
				84 City		FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 617.05	502 and 617.1508, Florida St	tatutes, th	ne above-named	corporation submits this statement for the	purpose of changing its regi	stered
	egistered agent, or both, in the Stat	te of Florida. Such change w	vas author	rized by the corp	poration's board of directors. I hereby acce	pt the appointment as regist	tered
Office of t							
	ım tamıllar with, and accept the obli	igations of, occion on toooc), 1 JOHOU				
	im familiar with, and accept the obli-				regulred when reinstating)	DATE	
SIGNATURE .	Significal typing or proceed name of registered a		(NOTE: Regi		required when reinstating) ADDITIONS/CHANGES TO OFFI		
SIGNATURE .	Significal typing or proceed name of registered a	igent and title if applicable	(NOTE: Regi	istered Agent signature	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN	
SIGNATURE . 12. Dille	Signification by the second sec	igent and title if applicable ND DIRECTORS	(NOTE: Regi	istered Agent signature	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN	12
SIGNATURE . 12. UTLE NAME	Signature Appendix precess han a of registered a OFFICERS AI VP RADONSKY, AL 53 ANDOVER C	igent and title if applicable ND DIRECTORS	(NOTE: Regi	istered Agent signature 13. 1.1 TITLE	Palmisano Robert 71 AIXDO VERC	CERS AND DIRECTORS IN	12
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SIGNATURE:

Mona

Rudonslay

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Mar 24 1997 8:00am

Secretary of State

Daytime Prione # 0038324