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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)