

FILE NOW: FILING FEE IS \$61.25

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Apr 02 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **742739** (6)

1. Corporation Name

**ANDOVER B CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business	Mailing Address
ANDOVER B 38 CENTURY VILLAGE WEST PALM BEACH FL 33417	ANDOVER B 38 CENTURY VILLAGE WEST PALM BEACH FL 33417

3. Date Incorporated or Qualified	05/08/1978
4. FEI Number	59-1637719
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	28 Zip
24 Country	29 Country
25	30

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
RIMMER, BERNARD ANDOVER B 38 WEST PALM BEACH FL 33417

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	P <input type="checkbox"/> DELETE
NAME	COHEN, PEARL
STREET ADDRESS	ANDOVER B 45
CITY-ST-ZIP	W PALM BCH FL
TITLE	V <input type="checkbox"/> DELETE
NAME	KLEIN, MARION
STREET ADDRESS	27 ANDOVER B
CITY-ST-ZIP	W PALM BCH FL
TITLE	S <input type="checkbox"/> DELETE
NAME	HYMAN, HAAS
STREET ADDRESS	27 ANDOVER B
CITY-ST-ZIP	W PALM BCH FL
TITLE	T <input type="checkbox"/> DELETE
NAME	RIMMER, BENARD
STREET ADDRESS	ANDOVER B 38
CITY-ST-ZIP	W PALM BCH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	FRITZ, JEAN
STREET ADDRESS	52 ANDOVER B.
CITY-ST-ZIP	WEST PALM BEACH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	FEINBERG, WILLIAM
STREET ADDRESS	ANDOVER B 40
CITY-ST-ZIP	E PALM BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HYMAN HAAS
1.3 STREET ADDRESS	37 ANDOVER B
1.4 CITY-ST-ZIP	W.P. BEACH, FL.
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	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JEAN FRITZ B
3.3 STREET ADDRESS	52 ANDOVER B
3.4 CITY-ST-ZIP	W.P. BEACH, FL.
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	D. <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	RUDOLF MIGLIORE
5.3 STREET ADDRESS	47 ANDOVER B
5.4 CITY-ST-ZIP	W.P. BEACH, FL.
6.1 TITLE	600002477808 <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	-04/03/98--01015--023
6.3 STREET ADDRESS	***306.25
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 \_\_\_\_\_ 1/7/98 1988-12-14

CR2E037 (10/97)