

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 742742

1. Entity 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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1636128

Applied For

Not Applicable

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

SCHECHTER, JENNIE  
ANDOVER K-259  
WEST PALM BEACH FL 33417

Name

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

City

FL

Zip Code

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 BLAUSTEIN, ANDREW  
STREET ADDRESS 268 ANDOVER K  
CITY-ST-ZIP WEST PALM BEACH FL 33417

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE P ☐ Delete  
NAME ROSENBERG, LILA  
STREET ADDRESS 260 ANDOVER K  
CITY-ST-ZIP W PALM BCH FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME WERTGNSTEIN, BEA  
STREET ADDRESS 275 ANDOVER K  
CITY-ST-ZIP W PALM BCH FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE P ☐ Delete  
NAME PERLOV, EARL  
STREET ADDRESS 267 ANDOVER K  
CITY-ST-ZIP W PALM BCH FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME SCHECHTER, JENNIE  
STREET ADDRESS ANDOVER K-259 CEN VILL  
CITY-ST-ZIP W PALM BEACH FL

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME RAIMI, MEYER  
STREET ADDRESS ANDOVER K-272 CEN VILL  
CITY-ST-ZIP WEST PALM BCH FL

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)

FILED  
Apr 24, 2000 8:00 am  
Secretary of State

04-24-2000 90161 010 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE