

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
Feb 01, 2001 8:00 am  
Secretary of State

02-01-2001 90149 035 \*\*\*\*61.25

DOCUMENT # N00000001141

1. Entity Name

ANDOVER L CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

293 ANDOVER L  
WEST PALM BEACH FL 33417

Mailing Address

293 ANDOVER L  
WEST PALM BEACH FL 33417

912166



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

293 ANDOVER L

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

WEST PALM BEACH, FL

City & State

4. FEI Number

Applied For

☒ Not Applicable

Zip

33417

Country

PALM BEACH

Zip

Country

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

SEATON, HARRY L  
7350 LE CHALET BLVD  
BOYNTON BEACH FL 33437

Name

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

SEE # 10

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

ROBERT LESLIE

Robert Leslie

1/22/01

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 NAME STREET ADDRESS CITY-ST-ZIP	D + PRESIDENT LESLIE, ROBERT - PRESIDENT 293 ANDOVER L WEST PALM BEACH FL 33417	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D + VICE-PRES. MODEL, PHYLLIS - VICE 306 ANDOVER L WEST PALM BEACH FL 33417	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MODEL, PHYLLIS 306 ANDOVER L WEST PALM BEACH FL 33417	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D - SECRETARY UMANOFF, FLORENCE 284 ANDOVER L WEST PALM BEACH FL 33417	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	- VICE PRES ESTHER KANTERMAN 290 ANDOVER L W.P.B. FL. 33417	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	- TREASURER JAMES GRAHAM 303 ANDOVER L W.P.B. FL 33417	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 REQUIRED

1/22/01

561-686-9059

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)