

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 742742

1. Entity Name

ANDOVER K CONDOMINIUM ASSOCIATION, INC.

FILED
Apr 12, 2001 8:00 am
Secretary of State

04-12-2001 90176 022 ****61.25

CU046380



DO NOT WRITE IN THIS SPACE

Principal Place of Business

C/O JENNIE SCHECHTER
259 ANDOVER K
WEST PALM BEACH FL 33417-2606

Mailing Address

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

4. FEI Number

59-1636128

Applied For

Not Applicable

Zip

Country

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

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 (10/00)