2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

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Mar 30, 2005 8:00 am DOCUMENT #.N0000001141 **Secretary of State** 1. Entity Name 03-30-2005 90027 028 ****61.25 ANDOVER L CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address 295 ANDOVER ST. 295 ANDOVER ST. WEST PALM BEACH FL 33417 WEST PALM BEACH FL 33417 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. SEACREST SERVICES INC. 1st MOORE CR2E037 (10/04) 2400 CENTREPARK DR. W. 4. FEI Number Applied For City & State **SUITE 175** NO-T APPLICABLE Not Applicable WEST PALM BEACH, FL. 33409 \$8.75 Additional Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SEATON, HARRY L Street Address (P.O. Box Number is Not Acceptable) 7350 LE CHALET BLVD **BOYNTON BEACH FL 33437** 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signatura, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Due By May 1, 2005 Trust Fund Contribution. Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. BO. MEMBER! BD MEMBER Addition TITLE ☐ Detete TITLE NASSAU, CHARLES F NAME NAME KAHN DAVID 296 ANDOVER L. STREET ADDRESS STREET ADDRESS 283 ANDONER L WEST PALM BEACH FL 33417 CITY-ST-ZIP W.P. & FL 33417 CITY-ST-7IP VICE PRES PRESIDENT Addition TITLE ☐ Delete TITLE Change KURKLEN WILLIAM SCHWARTZ, ALLEN NAME NAME 285 ANDOVER L 298 ANDOVERLA STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33417 CITY-ST-ZIP CITY-ST-ZIP W.P.B. FL 33417 TREASURER BD MEMBER TITLE ☐ Change Addition TITLE Delete EST# on NAME FRANEY, THERESA NAME KANTERMAN 290 AUDONOR L 295 ANDOVER L STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33417 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition TITLE BLUMEN, PAULINE NAME NAME 297 ANDOVER L. STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33417 CITY-ST-ZIP CITY-ST-ZIP BECNETARY BASSERMANNETHEL TITLE ☐ Defete Change Addition BASSERMAN, ETHER 303 ANDOVER 2 30# AUDOVERL STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33417 CITY-ST-ZIP CITY-ST-ZIP W PB FL. 334/7 ☐ Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

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