

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001141

FILED  
Feb 05, 2007  
Secretary of State

**Entity Name:** ANDOVER L CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

295 ANDOVER ST.  
WEST PALM BEACH, FL 33417

**New Principal Place of Business:**

**Current Mailing Address:**

295 ANDOVER ST.  
WEST PALM BEACH, FL 33417

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: VP ( ) Delete  
Name: NASSAU, CHARLES F  
Address: 296 ANDOVER L.  
City-St-Zip: WEST PALM BEACH, FL 33417

Title: BM ( ) Delete  
Name: BLUMEN, PAULINE  
Address: 297 ANDOVER L  
City-St-Zip: WEST PALM BEACH, FL 33417

Title: T ( ) Delete  
Name: FRANEY, THERESA  
Address: 295 ANDOVER L  
City-St-Zip: WEST PALM BEACH, FL 33417

Title: P ( ) Delete  
Name: KAHN, DAVID  
Address: 283 ANDOVER L  
City-St-Zip: WEST PALM BEACH, FL 33417

Title: S ( ) Delete  
Name: BASSERMAN, ETHER  
Address: 324 ANDOVER L  
City-St-Zip: WEST PALM BEACH, FL 33417

Title: BM ( ) Delete  
Name: KURKLIEN, WILLIAM  
Address: 290 ANDOVER L  
City-St-Zip: WEST PALM BEACH, FL 33417

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: BM (X) Change ( ) Addition  
Name: BLUMEN, PAULINE  
Address: 297 ANDOVER L  
City-St-Zip: WEST PALM BEACH, FL 33417

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: P (X) Change ( ) Addition  
Name: KAHN, DAVID L  
Address: 283 ANDOVER L  
City-St-Zip: WEST PALM BEACH, FL 33417

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID L. KAHN

P

02/05/2007

Electronic Signature of Signing Officer or Director

Date