
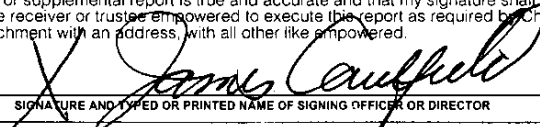


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 16, 2007 8:00 am**  
**Secretary of State**

03-16-2007 90026 030 \*\*\*\*61.25

<b>DOCUMENT # 742739</b> 1. Entity Name ANDOVER B CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business ANDOVER B 36 OCEANVIEW BLVD WEST PALM BEACH, FL 33417			Mailing Address 36861 PINEAPPLES WEST PALM BEACH, FL 33417		
2. Principal Place of Business - No P.O. Box # ANDOVER B		3. Mailing Address Suite, Apt. #, etc.			
City & State WEST PALM BEACH FL		City & State WEST PALM BEACH FL		4. FEI Number 59-1637719	
Zip 33417		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PRUITTIS PROPERTY MANAGEMENT, INC 2575 HOMEWOOD RD WEST PALM BEACH, FL 33406				7. Name and Address of New Registered Agent 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD STUBITS, FRANK 51 ANDOVER B W PALM BCH, FL 33417			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FASSBINDER, RAE 33 ANDOVER B WEST PALM BEACH, FL 33417			<input checked="" type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STUBITS, ANN BARD 51 ANDOVER B WEST PALM BEACH, FL 33417			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VOLEK, ALLYSON 36 ANDOVER B WEST PALM BEACH, FL 33417			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CAULFIELD, JAMES 36 ANDOVER B WEST PALM BEACH, FL 33417			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BERNARD SNYDER 31 ANDOVER B WEST PALM BEACH, FL 33417			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	(Empty)			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE:</b> 				Date: 2-24-07 Daytime Phone #: 561-242-9126	