

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90017 050 ****61.25

DOCUMENT # N37375

1. Entity Name
ANDOVER M CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**ANDOVER M CONDOMINIUM ASSOC.
330 ANDOVER M % JEAN BRUCKERT
W. PALM BEACH, FL 33417**

Mailing Address
**SEACREST SERVICES INC
2400 CENTREPARK DR W STE 175
W. PALM BEACH, FL 33417**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01222008

Chg-NP

CR2E037 (12/06)

4. FEI Number
59-1794221

Applied For
Not Applicable

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

**BRUCKERT, JEAN
330 ANDOVER M
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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **V** ☐ Delete
NAME **DIMUTRU, VALERIU**
STREET ADDRESS **320 ANDOVER M**
CITY-ST-ZIP **WEST PALM BEACH, FL 33417**

TITLE **Director** ☒ Change ☐ Addition
NAME **Dimutru, Valeriu**
STREET ADDRESS **320 Andover M**
CITY-ST-ZIP **West Palm Beach, FL 33417**

TITLE **PS** ☐ Delete
NAME **BRUCKERT, JEAN**
STREET ADDRESS **330 ANDOVER M**
CITY-ST-ZIP **WEST PALM BEACH, FL 33417**

TITLE **President** ☒ Change ☐ Addition
NAME **Bruckert, Jean**
STREET ADDRESS **330 Andover M**
CITY-ST-ZIP **West Palm Beach, FL 33417**

TITLE **D** ☐ Delete
NAME **EPSTEIN, JEAN**
STREET ADDRESS **309 ANDOVER M**
CITY-ST-ZIP **WEST PALM BEACH, FL 33417**

TITLE **Vice-Pres** ☐ Change ☒ Addition
NAME **Kouner Jack**
STREET ADDRESS **313 Andover M**
CITY-ST-ZIP **West Palm Beach, FL 33417**

TITLE **D** ☒ Delete
NAME **MAGARELLI, PAT**
STREET ADDRESS **310 ANDOVER M**
CITY-ST-ZIP **WEST PALM BEACH, FL 33417**

TITLE **Secy** ☐ Change ☒ Addition
NAME **Minard Deanna**
STREET ADDRESS **312 Andover M**
CITY-ST-ZIP **West Palm Beach, FL 33417**

TITLE **DT** ☐ Delete
NAME **ARRIAN, CLAIRE**
STREET ADDRESS **ANDOVER M 307**
CITY-ST-ZIP **WEST PALM BEACH, FL 33417**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **SENKEN, IRENE**
STREET ADDRESS **311 ANDOVER M**
CITY-ST-ZIP **W. PALM BEACH, FL 33417**

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 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.

SIGNATURE:

Jean Bruckert

Jean Bruckert

2/18/08 (561) 616-8458

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #