2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2003 8:00 am
Secretary of State
01-15-2003 90225 032 ****61.25

DOCUMENT # N00000001141

1. Entity Name
ANDOVER L CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
293 ANDOVER L WEST PALM BEACH FL 33417	290 ANDOVER L WEST PALM BEACH FL 33417

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
285 ANDOVER "L"	295 ANDOVER "L"
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: WEST Palm Bch FI	City & State: WEST Palm Bch FI
Zip: 33417 Country: PALM	Zip: 33417 Country: PALM

4. FEI Number NOT APPLICABLE ☐ 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
SEATON, HARRY L 7350 LE CHALET BLVD BOYNTON BEACH FL 33437	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 _____ DATE
Signature, 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 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	CPD KANTERMAN, ESTHER 290 ANDOVER L WEST PALM BEACH FL 33417	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President D CHARLES NASSUA 296 ANDOVER "L" WEST Palm Bch FI. 33417	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CPD FRANEY, WILLIAM 295 ANDOVER L WEST PALM BEACH FL 33417	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P. -D ALLEN SCHWARTZ 285 ANDOVER "L" WEST Palm Bch FI. 33417	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SALTZMAN, JEAN 291 ANDOVER L WEST PALM BEACH FL 33417	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD FRANEY, THOMAS 295 ANDOVER "L" WEST Palm Bch FI. 33417	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GRAHAM, JAMES 203 ANDOVER L WEST PALM BEACH FL 33417	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secy D BLUMEN, PAULINE 297 ANDOVER "L" WEST Palm Bch FI. 33417	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BLUMEN, PAULINE 297 ANDOVER L WEST PALM BEACH FL 33417	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/02)

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 REQUIRED Secy. 7/13/03 561-684-0553
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #