

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 704674

**FILED**  
**Apr 15, 2015**  
**Secretary of State**  
**CC4058531252**

**Entity Name:** ANDOVER CIVIC ASSOCIATION, INC.

**Current Principal Place of Business:**

20235 NW 7TH AVE  
MIAMI GARDEN, FL 33169

**Current Mailing Address:**

20235 NW 7TH AVE  
MIAMI GARDEN, FL 33169 US

**FEI Number:** 65-0196187

**Certificate of Status Desired:** No

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

SPENCER, HARRY  
20235 NW 7TH AVE  
MIAMI GARDEN, FL 33169 US

*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:** HARRY SPENCER

04/15/2015

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name ROWE, INEZ  
Address 20721 NW MIAMI COURT  
City-State-Zip: MIAMI GARDENS FL 33169

Title DIRECTOR  
Name MORLEY, CLEVELAND EJR  
Address 20300 NW 15TH AVE  
City-State-Zip: MIAMI GARDENS FL 33169

Title SECRETARY  
Name SUSAN, BURNS  
Address 435 NW 202ND ST  
City-State-Zip: MIAMI GARDENS FL 33169

Title DIRECTOR  
Name JACKSON, MARY  
Address 740 NW 207TH ST.  
City-State-Zip: MIAMI GARDENS FL 33169

Title PRESIDENT  
Name BROWN, ARTHUR  
Address 901 NW 203RD ST  
City-State-Zip: MIAMI GARDENS FL 33169

Title DIRECTOR  
Name FULLERTON, ERVINE  
Address 1010 NW 203RD ST  
City-State-Zip: MIAMI GARDENS FL 33169

Title DIRECTOR  
Name ARRIBAS, MARLENE  
Address 20630 N. MIAMI AVE  
City-State-Zip: MIAMI GARDENS FL 33169

Title DIRECTOR  
Name GREEN, PATSY  
Address 950 NW 203RD ST  
City-State-Zip: MIAMI GARDENS FL 33169

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*I hereby 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 all other like empowered.*

**SIGNATURE:** HARRY SPENCER

**REGISTERED AGENT-  
TREASURER**

04/15/2015

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title           DIRECTOR  
Name           TAYLOR, PATRICIA  
Address        910 NW 203RD ST  
City-State-Zip: MIAMI GARDENS FL 33169

Title           TREASURER  
Name           SPENCER, HARRY  
Address        20235 NW 7TH AVE  
City-State-Zip: MIAMI GARDEN FL 33169

Title           DIRECTOR  
Name           ROBERTS, PATRICIA  
Address        1525 NW 203 ST  
City-State-Zip: MIAMI GARDENS FL 33169