

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 742409

**FILED**  
**Apr 07, 2014**  
**Secretary of State**  
**CC7108689565**

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

**Current Principal Place of Business:**

29-17TH STREET  
WEST BABYLON, NY 11704

**Current Mailing Address:**

ANDOVER F C/O SEACREST SERVICES INC  
2400 CENTREPARK DR W #175  
WEST PALM BEACH, FL 33409 US

**FEI Number:** 59-1630979

**Certificate of Status Desired:** No

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

SALOMETO, ANTOINETTE  
143 ANDOVER F  
WEST PALM BEACH, FL 33417 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:** ANTOINETTE SALOMETO

04/07/2014

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title P  
Name DIPIETRO, PHILIP  
Address 29-17TH STREET  
City-State-Zip: WEST BABYLON NY 11704

Title VP  
Name FERRARO, JULIA  
Address 138 ANDOVER F  
City-State-Zip: WEST PALM BEACH FL 33417

Title T  
Name SALOMETO, ANTOINETTE  
Address 143 ANDOVER F  
City-State-Zip: WEST PALM BEACH FL 33417

Title S  
Name GRENIER, LOUISE  
Address 250 BELLEVUE  
City-State-Zip: PINECOURT QC CANADA J7V 4A8

Title D  
Name COLLINS, PAT  
Address 145 ANDOVER F  
City-State-Zip: WEST PALM BEACH FL 33417

*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:** PHILIP DIPIETRO

**PRESIDENT**

04/07/2014

Electronic Signature of Signing Officer/Director Detail

Date