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: LOUISE GRENIER - GT

Electronic Signature of Signing Officer/Director Detail

SECRETARY

#### Current Principal Place of Business: ANDOVER F CONDO ASSOCIATION MAILBOX

Entity Name: ANDOVER F CONDOMINIUM ASSOCIATION, INC.

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

CENTURY VILLAGE WEST PALM BEACH, FL 33417

## Current Mailing Address:

**DOCUMENT# 742409** 

ANDOVER F C/O SEACREST SERVICES INC 2101 CENTREPARK DR W #110 WEST PALM BEACH, FL 33409 US

### FEI Number: 59-1630979

### Name and Address of Current Registered Agent:

NEVILLE, MAUREEN 146 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:                | MAUREEN NEVILLE   |                 |                          | 03/27/2020 |
|---------------------------|---|-----------------|--------------------------|------------|
|                           | Electronic Signature of Registered Agent                                |                 |                          | Date       |
| Officer/Director Detail : |   |                 |                          |            |
| Title I                   | PRESIDENT   | Title           | SECRETARY                |            |
| Name I                    | KETTERER, JULIO   | Name            | GRENIER, LOUISE          |            |
| Address                   | 134 ANDOVER F   | Address         | 139 ANDOVER F            |            |
| City-State-Zip:           | WEST PALM BEACH FL 33417  | City-State-Zip: | WEST PALM BEACH FL 33417 | 7          |
| Title                     | VP  | Title           | TREASURER                |            |
| Name I                    | NEVILLE, MAUREEN E  | Name            | SALOMETO, ANTOINETTE     |            |
| Address                   | 146 ANDOVER F   | Address         | 143 ANDOVER F            |            |
| City-State-Zip:           | WEST PALM BEACH FL 33417  | City-State-Zip: | WEST PALM BEACH FL 33417 | 7          |
| Name I<br>Address ·       | DIRECTOR<br>PAPPERT, LARRY<br>133 ANDOVER F<br>WEST PALM BEACH FL 33417 |                 |                          |            |

Certificate of Status Desired: No

03/27/2020 Date

### FILED Mar 27, 2020 Secretary of State

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