

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001141

Entity Name: ANDOVER L CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**4895 GARDNER LANE
LAKE WORTH, FL 33463**Current Mailing Address:**4895 GARDNER LANE
LAKE WORTH, FL 33463**FEI Number:** NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BECKER & POLIAKOFF, P.A.
625 N. FLAGLER DRIVE 7TH FLOOR
WEST PALM BEACH, FL 33401 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	NELDER, LINDA
Address	296 ANDOVER L
City-State-Zip:	WEST PALM BEACH FL 33417

Title	SECRETARY
Name	DOWLING, LORETTA
Address	RR1, BOX 8095, PETERBOROUGH
City-State-Zip:	ONTARIO K9J 6-X2

Title	TREASURER
Name	NELDER, LINDA
Address	289 ANDOVER L
City-State-Zip:	WEST PALM BEACH FL 33417

Title	DIRECTOR
Name	FRANEY, TERESA
Address	295 ANDOVER L
City-State-Zip:	WEST PALM BEACH FL 33417

Title	VP
Name	PANAGIOTAKAS, PAMELA
Address	4895 GARDNER LANE
City-State-Zip:	LAKE WORTH FL 33463

Title	DIRECTOR
Name	MODEL, PHYLLIS
Address	4895 GARDINER LANE
City-State-Zip:	LAKE WORTH FL 33463

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: LINDA NELDER**PRESIDENT****02/19/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date