2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2013
Secretary of State
CC1583293988

DOCUMENT# N26836

Entity Name: ANDOVER SQUARE I CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

75 VINEYARDS BLVD
THIRD FLOOR
NAPLES, FL 34119

Current Mailing Address:

75 VINEYARDS BLVD
THIRD FLOOR
NAPLES, FL 34119 US

FEI Number: 65-0072373

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PMP OF SW FL, INC
75 VINEYARDS BLVD.
THIRD FLOOR
NAPLES, FL 34119 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	P
Name	D' ENTREMONT, CHARLES
Address	4556 ANDOVER WAY # E-204
City-State-Zip:	NAPLES FL 34112

Title	VP
Name	BOURQUE, CHARLENE
Address	4580 ANDOVER WAY #B-102
City-State-Zip:	NAPLES FL 34112

Title	S
Name	ANGELI, CAMILLE
Address	4540 ANDOVER WAY #G-101
City-State-Zip:	NAPLES FL 34112

Title	DIRECTOR
Name	CRONIN, WILLIAM
Address	4540 ANDOVER WAY G204
City-State-Zip:	NAPLES FL 34112

Title	D
Name	LOCONTE, ANTHONY
Address	4572 ANDOVER WAY # C-204
City-State-Zip:	NAPLES FL 34112

Title	T
Name	LAPLANTE, JOSEPH
Address	4588 ANDOVER WAY # A-301
City-State-Zip:	NAPLES FL 34112

Title	DIRECTOR
Name	DOYLE, BOB
Address	4564 ANDOVER WAY D103
City-State-Zip:	NAPLES FL 34112

Title	DIRECTOR
Name	MEOLA, MICHAEL
Address	4524 ANDOVER WAY I206
City-State-Zip:	NAPLES FL 34112

Continues on page 2

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: CHARLES D'ENTREMONT PRESIDENT 01/29/2013

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	DIRECTOR
Name	MAHAN, CHARLES
Address	4556 ANDOVER WAY E301
City-State-Zip:	NAPLES FL 34112