
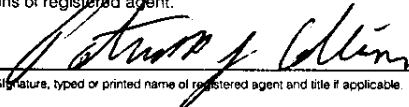
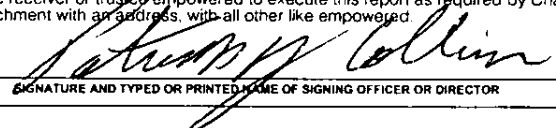


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90014 045 ****61.25

DOCUMENT # 742409 1. Entity Name ANDOVER F CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 134 ANDOVER 'F' W PALM BCH, FL 33417 US			Mailing Address SEACREST SERVICES, INC 2400 CENTREPARK DR W, STE 175 WEST PALM BEACH, FL 33409 US		
2. Principal Place of Business - No P.O. Box # 145 ANDOVER F			3. Mailing Address Suite, Apt. #, etc.		
City & State W PALM BEACH, FL			City & State Suite, Apt. #, etc.		
Zip 33417		Country US		4. FEI Number 59-1630979	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent NADEL, NATALIE 132 ANDOVER F W PALM BCH, FL 33417				7. Name and Address of New Registered Agent Name COLLINS PATRICK J Street Address (P.O. Box Number is Not Acceptable) 145 ANDOVER F W PALM BCH, FL City FL Zip Code 33417	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE   3/24/07 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2007			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COLLINS, PATRICIA J 145 ANDOVER F W. PALM BCH, FL 33417		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PAT COLLINS, PATRICK J <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MILDRED, LIPPOLIS 151 ANDOVER F WEST PALM BEACH, FL 33417		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JOHANN, RICHARD F 144 ANDOVER F WEST PALM BEACH, FL 33417		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S WITT, JERRIE 132 ANDOVER F WEST PALM BEACH, FL 33417		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM JOLIA, PERRARO 138 ANDOVER F WEST PALM BEACH, FL 33417		TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOLIA PERRARO <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	BM NAPOLI, JOSEPH 136 ANDOVER F WEST PALM BEACH, FL 33417		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  3/24/07 242-8601 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

40043500



02192007 Chg-NP CR2E037 (12/06)