

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742409

FILED
Mar 02, 2010
Secretary of State

Entity Name: ANDOVER F CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

146 ANDOVER F
WEST PALM BCH, FL 33417 US

New Principal Place of Business:

146 ANDOVER F
WEST PALM BEACH, FL 33417 US

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-1630979 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

NEVILLE, MAUREEN
146 ANDOVER F
WEST PALM BEACH, FL 33417 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: P
Name: COLLINS, PATRICK J
Address: 145 ANDOVER F
City-St-Zip: WEST PALM BEACH, FL 33417 US

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

Title: T
Name: MAUREEN, NEVELLE
Address: 146 ANDOVER F
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: S
Name: SALOMETO, ANTIONETTE
Address: 143 ANDOVER F
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: D
Name: DONALDSON, WILLIAM
Address: 133 ANDOVER F
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: D
Name: WITT, JERRIE
Address: 132 ANDOVER F
City-St-Zip: WEST PALM BEACH, FL 33417 US

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: GALE CORONA

MS

03/02/2010

Electronic Signature of Signing Officer or Director

_____ Date