


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 16, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90070 050 \*\*\*\*61.25

<b>DOCUMENT # 742411</b> 1. Entity Name <b>ANDOVER J CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>ANDOVER J ASSOCIATION</b> <b>237 ANDOVER J</b> <b>WEST PALM BEACH, FL 33417 US</b>			Mailing Address <b>SEACREST SERVICES INC</b> <b>2400 CENTREPARK DR W</b> <b>WEST PALM BEACH, FL 33409 US</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1887469</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> <input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>GOLDBERG, CAROL</b> <b>237 ANDOVER J</b> <b>WEST PALM BEACH, FL 33417</b>			Name  Street Address (P.O. Box Number is Not Acceptable)  City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HOWARD, JOHN</b>		NAME		
STREET ADDRESS	<b>239 ANDOVER J</b>		STREET ADDRESS		
CITY- ST- ZIP	<b>W. PALM BEACH, FL 33417</b>		CITY- ST- ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>SACER, ROSA</b> <i>Secretary</i>		NAME	<b>FRITZ McClary</b>	
STREET ADDRESS	<b>258 ANDOVER J</b>		STREET ADDRESS	<b>253 Andover J</b>	
CITY- ST- ZIP	<b>WEST PALM BEACH, FL 334172604</b>		CITY- ST- ZIP	<b>West Palm Beach FL 33417</b>	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>HOWIE, KATZ</b>		NAME		
STREET ADDRESS	<b>238 ANDOVER J</b>		STREET ADDRESS		
CITY- ST- ZIP	<b>WEST PALM BEACH, FL 33417</b>		CITY- ST- ZIP		
TITLE	CPD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>GOLDBERG, CAROL</b>		NAME		
STREET ADDRESS	<b>237 ANDOVER J</b>		STREET ADDRESS		
CITY- ST- ZIP	<b>WEST PALM BEACH, FL 33417</b>		CITY- ST- ZIP		
TITLE	<del>JOHNSON, MARGARET</del>	<input type="checkbox"/> Delete	TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>JOHNSON, MARGARET</b> <i>Alternate</i>		NAME	<b>Lucia Corrajob</b>	
STREET ADDRESS	<b>258 ANDOVER J</b>		STREET ADDRESS	<b>240 Andover J</b>	
CITY- ST- ZIP	<b>WEST PALM BEACH, FL 33417</b>		CITY- ST- ZIP	<b>West Palm Beach FL 33417</b>	
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY- ST- ZIP			CITY- ST- ZIP		
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.					
<b>SIGNATURE:</b> <i>Carol Goldberg</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<b>March 20/07</b> <small>Date</small>		
			<b>541-687-2590</b> <small>Daytime Phone #</small>		

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