


2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 742738		
1. Entity Name ANDOVER A CONDOMINIUM ASSOCIATION, INC.		

FILED

07 MAR 21 AM 11:09

CLERK OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 12 ANDOVER A WEST PALM BEACH, FL 33417 US	Mailing Address 12 ANDOVER A WEST PALM BEACH, FL 33417 US
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REINSTATEMENT 06-07
CR2-099 (1/07)

2. Principal Place of Business - No P.O. Box # 19 Andover A Suite, Apt. #, etc.	3. Mailing Address 19 Andover A Suite, Apt. #, etc.
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City & State	City & State
Zip	Country

4. FEI Number 59-1636436	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent SCHRORNICK, DOROTHY 19 ANDOVER A WEST PALM BEACH, FL 33417	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <i>Dorothy Schornick</i>	DATE <i>3/17/07</i>

FILE NOW!!! FEE IS \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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	PD SCHORNICK, DOROTHY 19 ANDOVER A WEST PALM BEACH, FL 33417 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300095800-0000 <input type="checkbox"/> Change <input type="checkbox"/> Addition 04/04/07--01028--015 **122.50
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SCHORNICK, IRWIN 19 ANDOVER A WEST PALM BEACH, FL 33417 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	JEFFREY SUSLAK <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 24 ANDOVER A WEST PALM BEACH, FL 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T SUSLAK, FLORA 24 ANDOVER A WEST PALM BEACH, FL 33417 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	IRWIN SCHORNICK <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 19 ANDOVER A WEST PALM BEACH, FL 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ROSEN, PAUL 10 ANDOVER A WEST PALM BCH, FL 33417 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D EVANS, BROOK 17 ANDOVER A WEST PALM BEACH, FL 33417 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	REGINA Seabolt <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 13 ANDOVER A WEST PALM BEACH, FL 33417
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>03/26</i> <input type="checkbox"/> Delete	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: *Dorothy Schornick*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE *3/17/07* X 561-686-2444
Daytime Phone #