


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90100 047 \*\*\*\*61.25

<b>DOCUMENT # 742739</b>	
<b>1. Entity Name</b> ANDOVER B CONDOMINIUM ASSOCIATION, INC.	

<b>Principal Place of Business</b> ANDOVER B 36 CENTURY VILLAGE WEST PALM BEACH FL 33417	<b>Mailing Address</b> ANDOVER B 36 CENTURY VILLAGE WEST PALM BEACH FL 33417
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**50028454**



1st MOORE CR2E037 (10/04)

<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b> 2575 HOMEWOOD R	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
<b>City &amp; State</b> WEST PALM Bch FL		<b>City &amp; State</b> WEST PALM Bch FL	
<b>Zip</b> 33406	<b>Country</b> USA	<b>Zip</b> 33406	<b>Country</b> USA

<b>4. FEI Number</b> 59-1637719	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b> CAULFIELD, JAMES 36 ANDOVER B WEST PALM BEACH FL 33417
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<b>7. Name and Address of New Registered Agent</b> Name: PRUITT'S PROPERTY MANAGEMENT, INC. Street Address (P.O. Box Number is Not Acceptable): 2575 HOMEWOOD RD City: WEST PALM Bch FL Zip Code: 33406
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<b>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.</b>	
<b>SIGNATURE</b> <u>DONELL PRUITT</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<b>DATE</b> <u>2-7-05</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>

<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</b>	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to</b> <b>Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
<b>TITLE</b> VPD <b>NAME</b> SNYDER, BERNIE <b>STREET ADDRESS</b> 31 ANDOVER B <b>CITY-ST-ZIP</b> W PALM BCH FL 33417	<input checked="" type="checkbox"/> Delete	<b>TITLE</b> VPD <b>NAME</b> FRANK STUBITS <b>STREET ADDRESS</b> 51 ANDOVER B <b>CITY-ST-ZIP</b> WEST PALM BEACH, FL 33417	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> D <b>NAME</b> FASSBINDER, RAE <b>STREET ADDRESS</b> 33 ANDOVER B <b>CITY-ST-ZIP</b> WEST PALM BEACH FL 33417	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> T <b>NAME</b> STUBITS, ANN BARD <b>STREET ADDRESS</b> 51 ANDOVER B <b>CITY-ST-ZIP</b> WEST PALM BEACH FL 33417	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> S <b>NAME</b> VOLEK, ALLYSON <b>STREET ADDRESS</b> 36 ANDOVER B <b>CITY-ST-ZIP</b> WEST PALM BEACH FL 33417	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> PD <b>NAME</b> CAULFIELD, JAMES <b>STREET ADDRESS</b> 36 ANDOVER B <b>CITY-ST-ZIP</b> WEST PALM BEACH FL 33417	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Delete	<b>TITLE</b>  <b>NAME</b>  <b>STREET ADDRESS</b>  <b>CITY-ST-ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition

<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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>	
<b>SIGNATURE:</b> <u>JAMES CAULFIELD</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<b>DATE</b> <u>2-1-05</u> <b>DAYTIME PHONE #</b> <u>561 242-9126</u>