

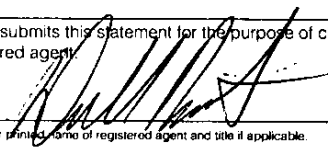
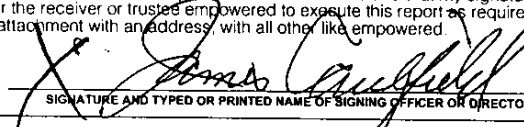


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 09, 2008 8:00 am**  
**Secretary of State**

04-09-2008 90036 027 \*\*\*\*61.25

<b>DOCUMENT # 742739</b> 1. Entity Name <b>ANDOVER B CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>ANDOVER B WEST PALM BEACH, FL 33417</b>			Mailing Address <b>2575 HOMEWOOD R WEST PALM BEACH, FL 33406</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		40063224  	
City & State		City & State		02202008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number <b>59-1637719</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>			
6. Name and Address of Current Registered Agent  <b>PRUITTIS PROPERTY MANAGEMENT, INC 2575 HOMEWOOD RD WEST PALM BEACH, FL 33406</b>			7. Name and Address of New Registered Agent Name <b>PRUITTIS PROPERTY MANAGEMENT</b> Street Address (P.O. Box Number is Not Acceptable) <b>4895 GARDNER LN</b> City <b>LAKELAND</b> <b>FL</b> Zip Code <b>33463</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.					
SIGNATURE  <b>DONNELL PRUITT</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>			DATE <b>3-31-08</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>		
<b>Filing Fee is \$61.25 Due by May 1, 2008</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>					
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD <input type="checkbox"/> Delete <b>STUBITS, FRANK</b> <b>51 ANDOVER B</b> <b>WPALM BCH, FL 33417</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete <b>SNYDER, BERNARD</b> <b>31 ANDOVER B</b> <b>WEST PALM BEACH, FL 33417</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete <b>STUBITS, ANN BARD</b> <b>51 ANDOVER B</b> <b>WEST PALM BEACH, FL 33417</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete <b>VOLEK, ALLYSON</b> <b>36 ANDOVER B</b> <b>WEST PALM BEACH, FL 33417</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete <b>CAULFIELD, JAMES</b> <b>36 ANDOVER B</b> <b>WEST PALM BEACH, FL 33417</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>LOCKE, MCL</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>40 ANDOVER B</b> <b>WPB FL 33417</b> <b>Dir.</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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: 			Date <b>3.25.08</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Daytime Phone #</small>		