

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90181 030 ****70.00

DOCUMENT # 742740

1. Entity Name
ANDOVER E CONDOMINIUM ASSOCIATION, INC



Principal Place of Business
**127 ANDOVER E
WEST PALM BEACH, FL 33417 US**

Mailing Address
**128 ANDOVER E
WEST PALM BEACH, FL 33417**

40050195



2. Principal Place of Business - No P.O. Box #
126 ANDOVER E
Suite, Apt. #, etc.

3. Mailing Address
118 ANDOVER E
Suite, Apt. #, etc.

02192007 Chg-NP CR2E037 (12/06)

City & State
WEST PALM BEACH
Zip
33417 Country
USA

City & State
WEST PALM BEACH
Zip
33417 Country
USA

4. FEI Number
59-1658803 Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SEATON, HARRY L
7350 LE CHALET BLVD.
BOYNTON BEACH, FL 33437**

7. Name and Address of New Registered Agent

Name **ALPHONSE SHUKWIT**

Street Address (P.O. Box Number is Not Acceptable)
126 ANDOVER E

City **WEST PALM BEACH** FL Zip Code **33417**

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 **Alphonse A. Shukwit**

(NOTE: Registered Agent signature required when reinstating)

DATE

3-30-07

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VPD
KRICHMAN, HELEN
127 ANDOVER E
WEST PALM BEACH, FL 33417** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
ALBREZZI, FRANK
130 ANDOVER E
WEST PALM BEACH, FL 33417** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**.SD
MURPHY, MILDRED
128 ANDOVER E
WEST PALM BEACH, FL 33417** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TD
MURPHY, MILDRED
128 ANDOVER E
WEST PALM BEACH, FL 33417** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PRESIDENT
AL SHUKWIT
126 ANDOVER E
WEST PALM BEACH FL 33417** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VIC PRESIDENT
TONY REYES
114 ANDOVER E
WEST PALM BEACH FL 33417** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TREASURER
MILAN LOWY
118 ANDOVER E
WEST PALM BEACH FL 33417** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SECRETARY
MARLENE LEBOFF
122 ANDOVER E
WEST PALM BEACH FL 33417** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**BOARD MEMBER
VIRGINIA ABOALLA
117 ANDOVER E
WEST PALM BEACH FL 33417** ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**BOARD MEMBER
CARL CAMINITI
112 ANDOVER E
WEST PALM BEACH FL 33417** ☐ Change ☒ 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: **ALPHONSE A. SHUKWIT**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-30-07 719-6534