


# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

<b>DOCUMENT # 742740</b>			
1. Entity Name <b>ANDOVER E CONDOMINIUM ASSOCIATION, INC</b>			
Principal Place of Business <b>126 ANDOVER E WEST PALM BEACH, FL 33417 US</b>		Mailing Address <b>118 ANDOVER E WEST PALM BEACH, FL 33417</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

FILED  
09 APR 20 PM 4:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**REINSTATEMENT** 08-09  
04192009 REINSTATEMENT 08-09 (1/07)

4. FEI Number <b>59-1658803</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>SHUKWIT, ALPHONSE 126 ANDOVER E WEST PALM BEACH, FL 33417</b>		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 _____		700151490017 04/21/09--01029--007 **122.50	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating) DATE	

<b>FILE NOW!!! FEE IS \$122.50</b>	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	<b>Make check payable to Florida Department of State</b>
------------------------------------	--	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SHUKWIT, AL</b>	NAME	
STREET ADDRESS	<b>126 ANDOVER E</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33417</b>	CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> Delete	TITLE	V <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REYES, TONY</b>	NAME	<b>FRANK ALBREZZI</b>
STREET ADDRESS	<b>114 ANDOVER E</b>	STREET ADDRESS	<b>190 ANDOVER E</b>
CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33417</b>	CITY-ST-ZIP	<b>WEST PALM BEACH FL 33417</b>
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOWY, MIRIAM</b>	NAME	
STREET ADDRESS	<b>118 ANDOVER E</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33417</b>	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LEDOFF, MARLENE</b>	NAME	<b>7/4/22</b>
STREET ADDRESS	<b>122 ANDOVER E</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33417</b>	CITY-ST-ZIP	
TITLE	BM <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ABDALLA, VIRGINIA</b>	NAME	
STREET ADDRESS	<b>117 ANDOVER E</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33417</b>	CITY-ST-ZIP	
TITLE	BM <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAMINITI, CARL</b>	NAME	
STREET ADDRESS	<b>112 ANDOVER E</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>WEST PALM BEACH, FL 33417</b>	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.

**SIGNATURE:** AL SHUKWIT **AL SHUKWIT** 4-16-09 313-719-5534

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #