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CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS
95 APR 13 PM 2:46

DOCUMENT # **742741** **(2)**

1. Corporation Name

ANDOVER H CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
ANDOVER H196 CENT VILLAGE W PALM BCH FL 33417	ANDOVER H196 CENT VILLAGE W PALM BCH FL 33417

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/08/1978
3a. Date of Last Report: 04/26/1994
4. FEI Number: 59-1636599 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

GOLDHILL, ARTHUR
ANDOVER H196
W PALM BCH FL 33417

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	T ☐ Change ☑ Addition
NAME	BARNETT, SAM	1.2 NAME	MANN, Lee
STREET ADDRESS	ANDOVER H 196 CENT VILLAGE	1.3 STREET ADDRESS	Andover H 88
CITY-ST-ZIP	W. PALM BEACH FL	1.4 CITY-ST-ZIP	WPB FL
TITLE	DV	2.1 TITLE	S ☐ Change ☑ Addition
NAME	KATZ, RUTH	2.2 NAME	Frieda Goldhill
STREET ADDRESS	ANDOVER H 185	2.3 STREET ADDRESS	Andover H196
CITY-ST-ZIP	W. PALM BEACH FL	2.4 CITY-ST-ZIP	W. Palm Beach FL 33417
TITLE	D	3.1 TITLE	D ☑ Change ☐ Addition
NAME	ROSEN, CONNIE	3.2 NAME	Rosen Connie
STREET ADDRESS	ANDOVER M 192	3.3 STREET ADDRESS	Andover H 192
CITY-ST-ZIP	W. PALM BEACH FL	3.4 CITY-ST-ZIP	W. Palm Beach FL 33417
TITLE	D	4.1 TITLE	DP ☑ Change ☐ Addition
NAME	HELLER, ELAINE	4.2 NAME	Barnett Sam
STREET ADDRESS	ANDOVER H 205	4.3 STREET ADDRESS	Andover H 126
CITY-ST-ZIP	W. PALM BEACH FL	4.4 CITY-ST-ZIP	W. Palm Beach, FL 33417
TITLE	D	5.1 TITLE	D ☑ Change ☐ Addition
NAME	SNEPPERMAN, ETTIE	5.2 NAME	Schnepperman Ettie
STREET ADDRESS	ANDOVER H118	5.3 STREET ADDRESS	Andover H 188
CITY-ST-ZIP	W. PALM BEACH FL	5.4 CITY-ST-ZIP	W. Palm Beach, FL 33417
TITLE	DP	6.1 TITLE	☐ Change ☐ Addition
NAME	GOLDHILL, ARTHUR	6.2 NAME	
STREET ADDRESS	ANDOVER H196	6.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL	6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Arthur Goldhill - Arthur Goldhill, Pres. 1/3/95 (407)478-2
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0048770