

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **742741** (2)

1. Corporation Name

ANDOVER H CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

**ANDOVER H196 CENT VILLAGE
W PALM BCH FL 33417**

Mailing Address

**ANDOVER H196 CENT VILLAGE
W PALM BCH FL 33417**



3. Date Incorporated or Qualified

05/08/1978

3a. Date of Last Report

04/13/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-1636599

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GOLDHILL, ARTHUR
ANDOVER H196
W PALM BCH FL 33417**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETE
T	MANN, LEE	ANDOVER H188	WEST PALM BEACH FL	☐
S	GOLDHILL, FRED A	ANDOVER H196	WEST PALM BEACH FL	☐
D	ROSEN, CONNIE	ANDOVER H192	WEST PALM BEACH FL	☐
DP	SAM, BARNETT S	ANDOVER H188	WEST PALM BEACH FL	☐
SD	SCHNEPPENMON, ETTIE	ANDOVER H188	WEST PALM BEACH FL	☐
DP	GOLDHILL, ARTHUR	ANDOVER H196	W. PALM BEACH FL	☐

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
V	BEN ERWICH	ANDOVER H203	WEST PALM BEACH, FL 33417	☐	☐
V	RUTH KATZ	ANDOVER H185	WEST PALM BEACH, FL 33417	☐	☐
D	BEA ESCOTT	ANDOVER H195	WEST PALM BEACH, FL 33417	☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐
				☐	☐

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)(k), 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: **FREDA GOLDHILL** SECRETARY

6/18/96

(561)478-2491

CR2E037 (3/96)