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Feb 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

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	Mailing Address
ANDOVER H196 CENT VILLAGE W PALM BCH FL 33417	ANDOVER H196 CENT VILLAGE W PALM BCH FL 33417

3. Date Incorporated or Qualified: 05/08/1978

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

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

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 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 _____ 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	T	☐ DELETE	1.1 TITLE	S	☐ Change ☒ Addition
NAME	MANN, LEE		1.2 NAME	COAHN, BEATRICE	
STREET ADDRESS	H188		1.3 STREET ADDRESS	183 ANDOVER H	
CITY-ST-ZIP	W PALM BEACH FL		1.4 CITY-ST-ZIP	W. PALM BEACH, FL 33417	
TITLE	V	☐ DELETE	2.1 TITLE	D	XX Addition
NAME	KATZ, RUTH		2.2 NAME	RUBIN, GLADYS	
STREET ADDRESS	H185		2.3 STREET ADDRESS	199 ANDOVER H	
CITY-ST-ZIP	WEST PALM BEACH FL		2.4 CITY-ST-ZIP	W. PALM BEACH, FL 33417	
TITLE	D	☐ DELETE	3.1 TITLE	D.	XX Addition
NAME	ESCOTT, BEA		3.2 NAME	ERWICH, BENJAMIN	
STREET ADDRESS	H195		3.3 STREET ADDRESS	203 ANDOVER H	
CITY-ST-ZIP	WEST PALM BEACH FL		3.4 CITY-ST-ZIP	W. PALM BEACH, FL 33417	
TITLE	D	☐ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	WEINER, MURRAY		4.2 NAME	SEIDMAN, SHIRLEY	
STREET ADDRESS	H201		4.3 STREET ADDRESS	187 ANDOVER H	
CITY-ST-ZIP	W PALM BEACH FL		4.4 CITY-ST-ZIP	W. PALM BEACH, FL 33417	
TITLE	T	XX DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	ERWICH, BENJAMIN		5.2 NAME	GOLDHILL, FREDA	
STREET ADDRESS	H203		5.3 STREET ADDRESS	196 ANDOVER H	
CITY-ST-ZIP	W PALM BEACH FL		5.4 CITY-ST-ZIP	W. PALM BEACH, FL 33417	
TITLE	DP	☐ DELETE	6.1 TITLE	XXXXXXX D	☐ Change XX Addition
NAME	GOLDHILL, ARTHUR		6.2 NAME	LIEBMAN, FRANCES	
STREET ADDRESS	ANDOVER H196		6.3 STREET ADDRESS	192 ANDOVER H	
CITY-ST-ZIP	W. PALM BEACH FL		6.4 CITY-ST-ZIP	W. PALM BEACH, FL 33417	

CR2E037 (10/97)

14. I hereby certify that the information supplied with this filing 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 1/16/98 (561)478-2491