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Secretary of State

03-09-1999 90020 036 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 742741					
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		



2. Principal Place of Business 21 ANDOVER H CENT VILLAGE Suite, Apt. #, etc. 22 H-188		2a. Mailing Address 28 ANDOVER H CENT VILLAGE Suite, Apt. #, etc. 27 ANDOVER H-188		3. Date Incorporated or Qualified 05/08/1978	
23. City & State West Palm Beach FL Zip 33417		28. City & State West Palm Beach FL Zip 33417		4. FEI Number 59-1636599	
24. City & State West Palm Beach FL Zip 33417		29. City & State West Palm Beach FL Zip 33417		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
25. City & State West Palm Beach FL Zip 33417		30. City & State West Palm Beach FL Zip 33417		6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	
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 SIDNEY MANN 82 Street Address (P.O. Box Number is Not Acceptable) ANDOVER H-188 83 84 City WEST PALM BEACH FL FL 85 Zip Code 33417		
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 <u>SIDNEY MANN</u> Signature, typed or printed name of registered agent and title if applicable			DATE <u>2/22/99</u> (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	TREAS	☒ Change	☐ Addition	
NAME	MANN, LEE		1.2 NAME	SIDNEY MANN			D
STREET ADDRESS	H188		1.3 STREET ADDRESS	ANDOVER H-188			
CITY-ST-ZIP	W PALM BEACH FL		1.4 CITY-ST-ZIP	WEST PALM BEACH 33417			
TITLE	V	DELETE	2.1 TITLE	BEA ESCOTT PRES.	☒ Change	☐ Addition	
NAME	KATZ, RUTH		2.2 NAME	ANDOVER H-195			D
STREET ADDRESS	H185		2.3 STREET ADDRESS	WEST PALM BEACH 33417			
CITY-ST-ZIP	WEST PALM BEACH FL		2.4 CITY-ST-ZIP	WEST PALM BEACH 33417			
TITLE	D	DELETE	3.1 TITLE	VICE PRES.	☒ Change	☐ Addition	
NAME	ESCOTT, BEA		3.2 NAME	ELIZABETH CORNELL			D
STREET ADDRESS	H195		3.3 STREET ADDRESS	ANDOVER H-197			
CITY-ST-ZIP	WEST PALM BEACH FL		3.4 CITY-ST-ZIP	WEST PALM BEACH 33417			
TITLE	D	DELETE	4.1 TITLE	SEC.	☒ Change	☐ Addition	
NAME	WEINER, MURRAY		4.2 NAME	BRENDA BANAS			D
STREET ADDRESS	H201		4.3 STREET ADDRESS	ANDOVER H-205			
CITY-ST-ZIP	W PALM BEACH FL		4.4 CITY-ST-ZIP	WEST PALM BEACH 33417			
TITLE	D	DELETE	5.1 TITLE	BOARD MEMB.	☒ Change	☐ Addition	
NAME	ERWICH, BENJAMIN		5.2 NAME	GLADYS RUBIN			T
STREET ADDRESS	203 ANDOVER H		5.3 STREET ADDRESS	ANDOVER H-199			
CITY-ST-ZIP	W PALM BEACH FL 33417		5.4 CITY-ST-ZIP	WEST PALM BEACH 33417			
TITLE	D	DELETE	6.1 TITLE	BOARD MEMB.	☒ Change	☐ Addition	
NAME	GOLDHILL, ARTHUR		6.2 NAME	SONNY WEINTRAUB			T
STREET ADDRESS	196 ANDOVER H.		6.3 STREET ADDRESS	ANDOVER H-187			
CITY-ST-ZIP	W. PALM BEACH FL 33417		6.4 CITY-ST-ZIP	WEST PALM BEACH 33417			

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, with all other like empowered.

SIGNATURE: SIDNEY MANN
 Signature and typed or printed name of signing officer or director

2/22/99 861-683-3428
 Date Daytime Phone #

CR2E037 (11/98)