NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 02, 2002 8:00 am
Secretary of State
02-19-2002 90111 027 ****61.25

DOCUMENT # 742741

1. Entity Name
ANDOVER H CONDOMINIUM ASSOC., INC

[redacted] 20173

DO NOT WRITE IN THIS SPACE

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2. Principal Place of Business	3. Mailing Address
ANDOVER H COND. ASSOC	191 ANDOVER H
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: W. PALM BEACH	City & State: FLORIDA
Zip: 33417 Country: PALM BEACH	Zip: Country: USA

4. FEI Number: 59-1636599 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Michael Spilken
Street Address (P.O. Box Number is Not Acceptable): 191 Andover H
City: W. Palm Beach FL Zip Code: 33417

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.

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

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to: Department of State

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
D	Michael Spilken 191 Andover H W. Palm Beach, FL
D	Steven Wasserman 202 Andover H W. Palm Beach, FL 33417
D	Brenda Banas 205 Andover H W. Palm Beach, FL 33417
D	Bea Escott 195 Andover H W. Palm Beach, FL 33417
D	George Katzoff 208 Andover H West Palm Beach, FL 33417

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CR2E037B (12/01)

12. 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Michael Spilken
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/18/02 Date

(561) 686-5157 Daytime Phone #