2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2004 08:00 AM
Secretary of State

DOCUMENT # 742741

1. Entity Name
ANDOVER H CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
ANDOVER H CENT. VILLAGE 191 ANDOVER H WEST PALM BEACH, FL 33417	ANDOVER H CENT. VILLAGE 191 ANDOVER H WEST PALM BEACH, FL 33417

04242004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

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

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

6. Name and Address of Current Registered Agent

SPILKEN, MICHAEL
191 ANDOVER H
W PALM BCH, FL 33417

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Michael Spilken 4-22-04
Signature, typed or printed name of individual, and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SPILKEN, MICHAEL
STREET ADDRESS	191 ANDOVER H
CITY-ST-ZIP	W PALM BEACH, FL 33417
TITLE	VPD
NAME	WASSERMAN, STEVEN
STREET ADDRESS	202 ANDOVER H
CITY-ST-ZIP	WEST PALM BEACH, FL 33417
TITLE	TD
NAME	SCHMITZ, PAUL
STREET ADDRESS	196 ANDOVER H
CITY-ST-ZIP	LM BEACH, FL 334017
TITLE	SD
NAME	BANAS, BRENDA
STREET ADDRESS	205 ANDOVER H
CITY-ST-ZIP	W PALM BEACH, FL 33417
TITLE	D
NAME	ESCOTT, BEA
STREET ADDRESS	195 ANDOVER H
CITY-ST-ZIP	W. PALM BEACH, FL 33417
TITLE	D
NAME	KATZOFF, GEORGE
STREET ADDRESS	208 ANDOVER H
CITY-ST-ZIP	WEST PALM BEACH, FL 33417

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04/27/04-80074-003 70.00

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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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Michael Spilken 4-24-04 561-686-5157
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #