

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2008 8:00 am
Secretary of State

02-14-2008 90030 047 ****61.25

DOCUMENT # 742741					
1. Entity Name ANDOVER H CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business ANDOVER - H CENTURY VILLAGE 192 ANDOVER H WEST PALM BEACH, FL 33417			Mailing Address ANDOVER H CENTURY VILLAGE 192 ANDOVER - H WEST PALM BEACH, FL 33417		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01222008 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-1636599	
				Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
HARTMAN, JOHN 192 ANDOVER- H W PALM BCH, FL 33417			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PTD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HARTMAN, JOHN		NAME		
STREET ADDRESS	192 ANDOVER - H		STREET ADDRESS		
CITY-ST-ZIP	W PALM BEACH, FL 33417		CITY-ST-ZIP		
TITLE	VPD	<input checked="" type="checkbox"/> Delete	TITLE	VICE President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WASSERMAN, STEVEN		NAME	MILTON Freedman	
STREET ADDRESS	202 ANDOVER H		STREET ADDRESS	187 ANDOVER H	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417		CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	FREEDMAN, MILTEN		NAME	ED Peecha	
STREET ADDRESS	187 ANDOVER H		STREET ADDRESS	197 ANDOVER H	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417		CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	SD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BETTY, SMITH		NAME		
STREET ADDRESS	188 ANDOVER - H		STREET ADDRESS		
CITY-ST-ZIP	W PALM BEACH, FL 33417		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEORGE, KATZOFF		NAME		
STREET ADDRESS	208 ANDOVER - H		STREET ADDRESS		
CITY-ST-ZIP	W. PALM BEACH, FL 33417		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARIO Capaliba		NAME	MARIO Capaliba	
STREET ADDRESS			STREET ADDRESS	199 ANDOVER H	
CITY-ST-ZIP			CITY-ST-ZIP	WEST PALM BEACH FL 33417	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>John Hartman</i> JOHN HARTMAN		Date: 2-8-08		631-589-3788 581-684-0247	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	