

2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742741

FILED
Mar 02, 2010
Secretary of State

Entity Name: ANDOVER H CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

192 ANDOVER H
WEST PALM BEACH, FL 33417 US

New Principal Place of Business:

Current Mailing Address:

192 ANDOVER H
WEST PALM BEACH, FL 33417 US

New Mailing Address:

ANDOVER H C/O SEACREST SERVICES
2400 CENTREPARK W DR #175
WEST PALM BEACH, FL 33409 US

FEI Number: 59-1636599

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARTMAN, JOHN
192 ANDOVER H
WEST PALM BEACH, FL 33417 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P
Name: HARTMAN, JOHN
Address: 192 ANDOVER H
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: VP
Name: KATZOFF, GEORGE
Address: 208 ANDOVER H
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: S
Name: BANAS, BRENDA
Address: 205 ANDOVER H
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: T
Name: SMITH, BETTY
Address: 188 ANDOVER H
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: D
Name: MURRAY, ALBERT
Address: 184 ANDOVER H
City-St-Zip: WEST PALM BEACH, FL 33417 US

Title: D
Name: FREEDMAN, MILTON
Address: 187 ANDOVER H
City-St-Zip: WEST PALM BEACH, FL 33417 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: GALE CORONA

MS

03/02/2010

Electronic Signature of Signing Officer or Director

_____ Date