

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 742741

FILED
Jan 31, 2003
Secretary of State

Entity Name: ANDOVER H CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

ANDOVER H CENT. VILLAGE
191 ANDOVER H
WEST PALM BEACH, FL 33417

New Principal Place of Business:

Current Mailing Address:

ANDOVER H CENT. VILLAGE
191 ANDOVER H
WEST PALM BEACH, FL 33417

New Mailing Address:

FEI Number: 59-1636599

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SPIPKEN, MICHAEL
191 ANDOVER H
W PALM BCH, 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: D () Delete
Name: SPIPKEN, MICHAEL
Address: 191 ANDOVER H
City-St-Zip: W PALM BEACH, FL 33417

Title: D () Delete
Name: WASSERMAN, STEVEN
Address: 202 ANDOVER H
City-St-Zip: WEST PALM BEACH, FL 33417

Title: VPD () Delete
Name: CORNELL, ELIZABETH
Address: ANDOVER H-197
City-St-Zip: WEST PALM BCH, FL 33417

Title: SD () Delete
Name: BANAS, BRENDA
Address: 205 ANDOVER H
City-St-Zip: W PALM BEACH, FL 33417

Title: D () Delete
Name: ESCOTT, BEA
Address: 195 ANDOVER H
City-St-Zip: W. PALM BEACH, FL 33417

Title: D () Delete
Name: KATZOFF, GEORGE
Address: 208 ANDOVER H
City-St-Zip: WEST PALM BEACH, FL 33417

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: SPIPKEN, MICHAEL
Address: 191 ANDOVER H
City-St-Zip: W PALM BEACH, FL 33417

Title: VPD (X) Change () Addition
Name: WASSERMAN, STEVEN
Address: 202 ANDOVER H
City-St-Zip: WEST PALM BEACH, FL 33417

Title: TD (X) Change () Addition
Name: SCHMITZ, PAUL
Address: 196 ANDOVER H
City-St-Zip: LM BEACH, FL 334017

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: CLAYTON LYON

D

01/31/2003

Electronic Signature of Signing Officer or Director

Date