

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 742742 (0)

1. Corporation Name

ANDOVER K CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

Mailing Address

C/O JENNIE SCHECHTER
259 ANDOVER K
WEST PALM BEACH FL 33417-2606

C/O JENNIE SCHECHTER
259 ANDOVER K
WEST PALM BEACH FL 33417-2606

3. Date Incorporated or Qualified

05/08/1978

3a. Date of Last Report

04/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-1636128

Applied For

Not Applicable

22

Suite, Apt. #, etc.

27

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23

City & State

28

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24

Zip

Country

29

Zip

Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHECHTER, JENNIE
ANDOVER K-259
WEST PALM BEACH FL 33417

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME SHAPIRO, ADELE
STREET ADDRESS ANDOVER K-274 CEN VILL
CITY-ST-ZIP W PALM BCH FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME ROSENBERG, LILA
STREET ADDRESS 260 ANDOVER K
CITY-ST-ZIP W PALM BCH FL

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE VD ☒ DELETE
NAME MILLER, IRIS
STREET ADDRESS 267 ANDOVER K
CITY-ST-ZIP W PALM BCH FL

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME BBA. WERTENSTEIN
3.3 STREET ADDRESS 275 ANDOVER K
3.4 CITY-ST-ZIP W PALM BCH FL.

TITLE PD ☐ DELETE
NAME TURKIN, HARRY
STREET ADDRESS 267 ANDOVER K
CITY-ST-ZIP W PALM BCH FL

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE TD ☐ DELETE
NAME SCHECHTER, JENNIE
STREET ADDRESS ANDOVER K-259 CEN VILL
CITY-ST-ZIP W PALM BEACH FL

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME RAIMI, MEYER
STREET ADDRESS ANDOVER K-272 CEN VILL
CITY-ST-ZIP WEST PALM BCH FL

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Jennie Schechter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jmas.

4/3/96

407-689-8128
Daytime Phone #

CR2E037 (12/95)