
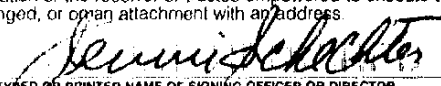


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 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 C/O JENNIE SCHECHTER 259 ANDOVER K WEST PALM BEACH FL 33417-2606		Mailing Address C/O JENNIE SCHECHTER 259 ANDOVER K WEST PALM BEACH FL 33417-2606	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	
3. Date Incorporated or Qualified 05/08/1978		3a. Date of Last Report 04/15/1996	
4. FEI Number 59-1636128		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent SCHECHTER, JENNIE ANDOVER K-259 WEST PALM BEACH FL 33417		10. Name and Address of New Registered Agent 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 reappointing) DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D <input type="checkbox"/> DELETE NAME SHAPIRO, ADELE STREET ADDRESS ANDOVER K-274 CEN VILL CITY-ST-ZIP W PALM BCH FL	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE D <input type="checkbox"/> DELETE NAME ROSENBERG, LILA STREET ADDRESS 280 ANDOVER K CITY-ST-ZIP W PALM BCH FL	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE VD <input type="checkbox"/> DELETE NAME WERTONSTEIN, BEA STREET ADDRESS 275 ANDOVER K CITY-ST-ZIP W PALM BCH FL	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
TITLE PD <input type="checkbox"/> DELETE NAME TURKIN, HARRY STREET ADDRESS 267 ANDOVER K CITY-ST-ZIP W PALM BCH FL			
TITLE TD <input type="checkbox"/> DELETE NAME SCHECHTER, JENNIE STREET ADDRESS ANDOVER K-259 CEN VILL CITY-ST-ZIP W PALM BEACH FL			
TITLE D <input type="checkbox"/> DELETE NAME RAIMI, MEYER STREET ADDRESS ANDOVER K-272 CEN VILL CITY-ST-ZIP WEST PALM BCH FL			
14. I do 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 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone: 0036322			

CR2E037 (9/96)