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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 742742

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

562186-90006-42



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/08/1978
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1636128
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired 8.75 Additional Fee Required
	Country 29	6. Election Campaign Financing Trust Fund Contribution 5.00 May Be Added to Fees

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	
NAME	BLAUSTEIN, ANDREW	1.2 NAME	
STREET ADDRESS	268 ANDOVER K	1.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	PRESIDENT
NAME	ROSENBERG, LILA	2.2 NAME	ROSENBERG, LILA
STREET ADDRESS	260 ANDOVER K	2.3 STREET ADDRESS	260 ANDOVER K
CITY-ST-ZIP	W PALM BCH FL	2.4 CITY-ST-ZIP	W PALM BCH FL 33417
TITLE	VD	3.1 TITLE	
NAME	WERTGNSTEIN, BEA	3.2 NAME	
STREET ADDRESS	275 ANDOVER K	3.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BCH FL	3.4 CITY-ST-ZIP	
TITLE	PD	4.1 TITLE	PRESIDENT
NAME	TURKIN, HARRY	4.2 NAME	PERLOVE, EARL
STREET ADDRESS	267 ANDOVER K	4.3 STREET ADDRESS	282 ANDOVER K
CITY-ST-ZIP	W PALM BCH FL	4.4 CITY-ST-ZIP	W PALM BCH FL 33417
TITLE	TD	5.1 TITLE	
NAME	SCHECHTER, JENNIE	5.2 NAME	
STREET ADDRESS	ANDOVER K-259 CEN VILL	5.3 STREET ADDRESS	
CITY-ST-ZIP	W PALM BEACH FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	
NAME	RAIMI, MEYER	6.2 NAME	
STREET ADDRESS	ANDOVER K-272 CEN VILL	6.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BCH FL	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE:

JENNIE SCHECHTER

REQUIRED

1/6/99

561-689-8121

CR2E037 (11/98)