

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 03, 2006 8:00 am**  
**Secretary of State**

04-03-2006 90369 043 \*\*\*\*61.25

**DOCUMENT # 742742**

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-1636128

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BLAUSTEIN, ANDREW	
STREET ADDRESS	268 ANDOVER K	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	P	<input type="checkbox"/> Delete
NAME	ROSENBERG, LILA	
STREET ADDRESS	260 ANDOVER K	
CITY-ST-ZIP	W PALM BCH FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	BELEC, PIERRE	
STREET ADDRESS	271 ANDOVER K	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	V	<input type="checkbox"/> Delete
NAME	ST MARIE, MARCEL	
STREET ADDRESS	274 ANDOVER K	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE	T	<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	LENNO, ROBERT	
STREET ADDRESS	272 AN DOVEK	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BONENFANT, JACQUES	
STREET ADDRESS	272 ANDOVER K	
CITY-ST-ZIP	WEST PALM BEACH, FL 33417	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CORRELL, FRANCINE	
STREET ADDRESS	281 ANDOVER K	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE** *Jennie Schechter* **JENNIE SCHECHTER** 2/25/06 561698125  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #