


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 28 1998 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # **753573** (5)  
1. Corporation Name  
**ANDREWS AVENUE MAINTENANCE ASSOCIATION, INC.**



|   |   |
|---|---|
| Principal Place of Business<br><b>6152 N. VERDE TRAIL<br/>BOCA RATON FL 33433</b> | Mailing Address<br><b>6152 N. VERDE TRAIL<br/>BOCA RATON FL 33433</b> |
|---|---|

3. Date Incorporated or Qualified

**08/01/1980**

4. FEI Number

**23-1900132**

Applied For  
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☒ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PEARLSTINE, JULES  
1900 CORPORATE BLVD N.W. WEST BLDG #301  
BOCA RATON FL 33431**

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          | <b>DAS</b>                     | <input type="checkbox"/> DELETE |
| NAME           | <b>PEARLSTINE, JULES</b>       |                                 |
| STREET ADDRESS | <b>1900 CORPORATE BLVD, NW</b> |                                 |
| CITY-ST-ZIP    | <b>BOCA RATON FL</b>           |                                 |

|                    |                             |  |
|--------------------|-----------------------------|--|
| 1.1 TITLE          | <b>DT</b>                   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | <b>DAVIS, DONALD</b>        |  |
| 1.3 STREET ADDRESS | <b>375 MORRIS ROAD</b>      |  |
| 1.4 CITY-ST-ZIP    | <b>WEST POINT, PA 19486</b> |  |

|                |                        |  |
|----------------|------------------------|--|
| TITLE          | <b>D</b>               | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>DUNN, THOMAS</b>    |  |
| STREET ADDRESS | <b>375 MORRIS ROAD</b> |  |
| CITY-ST-ZIP    | <b>WEST POINT PA</b>   |  |

|                    |  |   |
|--------------------|--|---|
| 2.1 TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |  |   |
| 2.3 STREET ADDRESS |  |   |
| 2.4 CITY-ST-ZIP    |  |   |

|                |                        |                                 |
|----------------|------------------------|---------------------------------|
| TITLE          | <b>DPT</b>             | <input type="checkbox"/> DELETE |
| NAME           | <b>MASHNER, MARVIN</b> |                                 |
| STREET ADDRESS | <b>375 MORRIS ROAD</b> |                                 |
| CITY-ST-ZIP    | <b>WEST POINT PA</b>   |                                 |

|                    |  |   |
|--------------------|--|---|
| 3.1 TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |  |   |
| 3.3 STREET ADDRESS |  |   |
| 3.4 CITY-ST-ZIP    |  |   |

|                |                          |                                 |
|----------------|--------------------------|---------------------------------|
| TITLE          | <b>DVCE</b>              | <input type="checkbox"/> DELETE |
| NAME           | <b>GUNN, GEORGE R JR</b> |                                 |
| STREET ADDRESS | <b>375 MORRIS ROAD</b>   |                                 |
| CITY-ST-ZIP    | <b>WEST POINT PA</b>     |                                 |

|                    |  |   |
|--------------------|--|---|
| 4.1 TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |  |   |
| 4.3 STREET ADDRESS |  |   |
| 4.4 CITY-ST-ZIP    |  |   |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> DELETE |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| CITY-ST-ZIP    |  |                                 |

|                    |  |   |
|--------------------|--|---|
| 5.1 TITLE          |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |  |   |
| 5.3 STREET ADDRESS |  |   |
| 5.4 CITY-ST-ZIP    |  |   |

|                |  |                                 |
|----------------|--|---------------------------------|
| TITLE          |  | <input type="checkbox"/> DELETE |
| NAME           |  |                                 |
| STREET ADDRESS |  |                                 |
| 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    |  |   |

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.

SIGNATURE:

**SIGNATURE REQUIRED**

1/8/98

(215) 661-8330

CR2E037 (10/97)