NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STAFE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 753573

Corporation Name

ANDREWS AVENUE MAINTENANCE ASSOCIATION, INC.

Principal Place of Business

Mailing Address

FILED Mar 02, 1999 8:00 am Secretary of State

03-02-1999 90137 050 ****70.00

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6152 N. VERDI BOCA RATON		6152 N. VEHDE TRAIL BOCA RATON FL 33433							
2. Principal P	lace of Business	2a. Mailing Address			3. Date Incorporated or Qualifed				
		28			08/01/1980				i
Suite, Apt. #, etc.		Suite, Apt. #, etc.			4. FEI Number			lied For	i
22		27			23-1900132			Applicable	l
City & Stat	69	City & State			5. Certificate of Status Desi	ned Den	\$8.75 A Fee Rec		
Zip Country		Zip ————————————————————————————————————			-6. Election Campaign Financing \$5.00 May Be			====	
24	25	29 30						Fees	į
	9. Name and Address of Current	Registered Agent			10. Name and Address of	New Registered	Agent		ì
			8	Name	niel H Irwin				1
PEARLSTINE, JULES			8						1
	PORATE BLVD N.W. WEST BLDG	#301 ACTS,			Inc. 6901 SW 18th Street				l
BOCA RATON FL 33431			8	Suite 301					
			ē	H City			85 Zip C	ode	i
				Boca	Raton	PL			1
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.									
agent. (a	im familiar with, and accept the obligation	ons of, Section 617.0503, Florid	a Statut	9 5.		11/-/-	_		ĺ
SIGNATURE	llanies HC	_ DANIEL F	4. I	RMIN		4/5/99	<u>1</u>		
			13.	gent signature require	ADDITIONS/CHANGES T		ID DIRECTOR	RS IN 12	8
TILE	DAS OFFICERS AND	IX DELETE	1.1 TITL	<u> </u>		<u> </u>	Change	Addition	(11/98)
	PEARLSTINE, JULES	<i>J</i> ²	1.2 NAM	- I	•				
NAME	1900 CORPORATE BLVD. NW			EET ADDRESS	•			·	
STREET ADDRESS	BOCA RATON FL			-ST-ZIP	. •		•		CR2E037
CITY-ST-ZP	DT DOOR HATON TE	☐ DELETE	21 TITU				(Change	Addition	O
NAME	DAVIS, DONALD		22 NAM	e l	•				l
STREET ADDRESS			23 <i>S</i> TR	EET ADORESS			•		1
CITY-ST-ZIP	WEST POINT PA 19486		2.4 CIT	r-ST-ZP				· · ·	
TITLE	DPT	☐ DELETE	3.1777□			•	Change	Addition	1
NAME	MASHNER, MARVIN		3.2 NAM	E }			•	·	1
STREET ADDRESS			3.3 ST F0	EET ADDRESS					ĺ
CITY-ST-ZIP	WEST POINT PA		3.4. C/T	/-ST-ZIP	<u>:</u>	<u> </u>	<u> </u>		١.
TITLE	DVCE	OFLETE -	4.1111				Change	Addition	-
NAME	GUNN, GEORGE R JR		4. 2 NAA	Æ					1
STREET ADDRESS	1		4.3 STR	EETADORESS					
CITY-ST-ZP	WEST POINT PA		4.4 CITY				E Chance	Addition	
TITLE	CD	DELETE	5.1 TTL			_	Change		
NAME	Heaps, Marvin D	1	5.2 NAM	•					1
STREET ADDRESS	301 Elm Avenue		_ •	EET ADDRESS					1
CITY-ST-ZIP	Swarthmore, PA	19081	5.4 CITY				Change	Addition	1
TITLE	,	☐ DELETE	6.1 TTL	1	• •	,	□ ∧ısııðe		
J. MANAGE	i		6.2 NAM	€, (1

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE REQUIRED