

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
May 02, 2005
Secretary of State**

DOCUMENT# 753573

Entity Name: ANDREWS AVENUE MAINTENANCE ASSOCIATION, INC.

Current Principal Place of Business:

6152 N. VERDE TRAIL
BOCA RATON, FL 33433

New Principal Place of Business:

Current Mailing Address:

6152 N. VERDE TRAIL
BOCA RATON, FL 33433

New Mailing Address:

FEI Number: 23-1900132 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

IRWIN, DANIEL H
ACTS, INC.
6901 SW 18TH ST, STE 301
BOCA RATON, FL 33433 US

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: DAVIS, DONALD
Address: 375 MORRIS ROAD
City-St-Zip: WEST POINT, PA 19486

Title: DPCO () Delete
Name: MASHNER, MARVIN
Address: 375 MORRIS ROAD
City-St-Zip: WEST POINT, PA

Title: DVCE (X) Delete
Name: GUNN, GEORGE R JR
Address: 375 MORRIS ROAD
City-St-Zip: WEST POINT, PA

Title: CD () Delete
Name: HEAPS, MARVIN D
Address: 375 MORRIS ROAD
City-St-Zip: WEST POINT, PA 19486

Title: DS () Delete
Name: STAMBAUGH, STEWART J
Address: 375 MORRIS ROAD
City-St-Zip: WEST POINT, PA 19486

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARVIN MASHNER

DPCO

05/02/2005

Electronic Signature of Signing Officer or Director

Date