

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 19, 1999 8:00 am
Secretary of State

05-19-1999 90006 007 ***367.50

DOCUMENT # N18715

1. Corporation Name

ANDOVER G CV CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

HELEN ROSENBERG
166 ANDOVER G
WEST PALM BEACH FL 33417
US

Mailing Address

HELEN ROSENBERG
166 ANDOVER G
WEST PALM BEACH FL 33417
US

ISSUED 5 6 562186-90006-41



2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

01/13/1987

4. FEI Number

59-1636298

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

LEVINE, FRANCES
ANDOVER G-169
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

TITLE SD ☐ DELETE
NAME WENKERT, MARTIN
STREET ADDRESS ANDOVER G-181
CITY-ST-ZIP WEST PALM BEACH FL

TITLE TD ☐ DELETE
NAME LEVINE, FRANCES
STREET ADDRESS ANDOVER G-169
CITY-ST-ZIP WEST PALM BEACH FL

TITLE P ☐ DELETE
NAME ROSENBERG, HELEN
STREET ADDRESS 166 ANDOVER G
CITY-ST-ZIP WEST PALM BEACH FL

TITLE CP ☐ DELETE
NAME FELDMAN, EVELYN
STREET ADDRESS ANDOVER G-165
CITY-ST-ZIP WEST PALM BEACH FL

TITLE D ☐ DELETE
NAME COHEN, JACK
STREET ADDRESS ANDOVER G-175
CITY-ST-ZIP WEST PALM BEACH FL

TITLE D ☐ DELETE
NAME KRULL, HYMIE
STREET ADDRESS 170 ANDOVER G
CITY-ST-ZIP WEST PALM BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

Frances Levine

1/1/99

561-683-8918

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)