

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 8:00 am
Secretary of State

04-01-2005 90007 027 ****61.25

DOCUMENT # N18715	
1. Entity 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
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2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address SEACREST SERVICES, INC. 2400 CENTRE PARK W. DRIVE #175 WEST PALM BEACH, FL 33409
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02072005 Chg-NP CR2E037 (10/03)

1. FEI Number NOT APPLICABLE 59-1636298	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LEVINE, FRANCES ANDOVER G-169 WEST PALM BEACH, FL 33417	7. Name and Address of New Registered Agent Name: HOWARD E. LORD Street Address (P.O. Box Number is Not Acceptable): ANDOVER G-168 City: WEST PALM BEACH, FL Zip Code: 33417
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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: Howard E. Lord DATE: 2/10/05

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, EVELYN 161 ANDOVER G WEST PALM BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD LEVINE, FRANCES ANDOVER G-169 WEST PALM BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSENBERG, HELEN 166 ANDOVER G WEST PALM BEACH, FL 33417 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TED BROWN #180 33417 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LORD, LINDA 168 ANDOVER G WEST PALM BEACH, FL 33417 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D COHEN, JACK ANDOVER G-175 WEST PALM BEACH, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MATTESON, ELLEN 159 ANDOVER G WEST PALM BEACH, FL 33417 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 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: Frances Levine Frances Levine 2/10/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #