

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90016 004 ****61.25

DOCUMENT # N18715

1. Entity Name
ANDOVER G CV CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**LORD HOWARD
ANDOVER B-168
WEST PALM BEACH, FL 33417 US**

Mailing Address
**SEACREST SERVICES, INC.
2400 CENTRE PARK W. DRIVE #175
WEST PALM BEACH, FL 33409 US**

40044143



2. Principal Place of Business - No P.O. Box #
ANDOVER G - 168
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

02192007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-1636298

Applied For
Not Applicable

Zip Country

Zip Country

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

6. Name and Address of Current Registered Agent

**LORD, HOWARD
ANDOVER G-168
WEST PALM BEACH, FL 33417**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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

3/26/07
DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **NAVAL, SUSAN**
STREET ADDRESS **158 ANDOVER**
CITY-ST-ZIP **WEST PALM BEACH, FL 33417**

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

TITLE **D** ☐ Delete
NAME **BROWN, TED**
STREET ADDRESS **ANDOVER G # 180**
CITY-ST-ZIP **WEST PALM BEACH, FL 33417**

TITLE **SD** ☐ Delete
NAME **LORD, LINDA**
STREET ADDRESS **168 ANDOVER G**
CITY-ST-ZIP **WEST PALM BEACH, FL 33417**

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

TITLE **P** ☐ Delete
NAME **MATTESON, ELLEN**
STREET ADDRESS **159 ANDOVER G**
CITY-ST-ZIP **WEST PALM BEACH, FL 33417**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: **Howard Lord Pres.**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/07 **561-687**
Date Daytime Phone #