

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 08, 2003 8:00 am
Secretary of State

01-08-2003 90032 030 ****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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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	<input type="checkbox"/> Delete
NAME	SMITH, EVELYN	
STREET ADDRESS	161 ANDOVER G	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	LEVINE, FRANCES	
STREET ADDRESS	ANDOVER G-169	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	ROSENBERG, HELEN	
STREET ADDRESS	166 ANDOVER G	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FELDMAN, EVELYN	
STREET ADDRESS	ANDOVER G-185	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	COHEN, JACK	
STREET ADDRESS	ANDOVER G-175	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	CP	<input checked="" type="checkbox"/> Delete
NAME	PORNARAS, GEORGE	
STREET ADDRESS	182 ANDOVER 'G'	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ISAAC DONALD	
STREET ADDRESS	162 ANDOVER G	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSENBERG, HELEN	
STREET ADDRESS	166 ANDOVER G	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PORNARAS GEORGE	
STREET ADDRESS	182 ANDOVER G	
CITY-ST-ZIP	WEST PALM BEACH FL 33417	

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: SIGNATURE REQUIRED

GEORGE PORNARAS PRESIDENT

JAN 6/2003

561/684-8323

CR2E037 (10/02)