## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N26836

FILED Apr 05, 2007 Secretary of State

Entity Name: ANDOVER SQUARE I CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:			New Prince	New Principal Place of Business:		
3400 TAMIAMI TR SUITE 302 NAPLES, FL 34103 US Current Mailing Address:				2360 LONGBOAT DRIVE NAPLES, FL 34104 US		
			New Mail	New Mailing Address:		
3400 TAMIAMI TR SUITE 302 NAPLES, FL 34103 US				2360 LONGBOAT DRIVE NAPLES, FL 34104 US		
FEI Number:	65-0072373	FEI Number Applied For ( )	FEI Number Not App	plicable ( ) Certificate of Status Desired ( )		
Name and	Address of	Current Registered Agent:	Name and	d Address of New Registered Agent:		
ED BOAT GREENWOOD MGMT SERVICE 3400 TAMIAMI TR NORTH SUITE 302 NAPLES, FL 34103 US			2360 LON	GREENWOOD MGMT SERVICE INC. 2360 LONGBOAT DRIVE NAPLES, FL 34104 US		
	named entit of Florida.	y submits this statement for the	e purpose of changing	its registered office or registered agent, or bo		
SIGNATUF	RE: EDWAF	RD J. BOOT onic Signature of Registered A		04/05/2007		
OFFICERS Title: Name: Address: City-St-Zip:	FENNELLY, I	()Delete MIKE ER WAY#F-104	Title: Name: Address: City-St-Zip:	NS/CHANGES TO OFFICERS AND DIRECT		
Title: Name: Address: City-St-Zip:	MCKENZIE, I	'ER WAY # E-201	Title: Name: Address: City-St-Zip:	V (X) Change ( ) Addition MARTIN, ROBERT 4524 ANDOVER WAY # I-204 NAPLES, FL 34112		
Title: Name: Address: City-St-Zip:	WILLIAM, ST	'ER WAY, #305	Title: Name: Address: City-St-Zip:	S (X) Change () Addition POLZIN, ROBERT 4540 ANDOVER WAY, # G-203 NAPLES, FL 34112		
Title: Name: Address: City-St-Zip:	STETLER, BI	'ER WAY #A-305	Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition STETLER, BILL 4588 ANDOVER WAY #A-305 NAPLES, FL 34112		
Title: Name: Address: City-St-Zip:	LAPLANTE, J	'ER WAY #301	Title: Name: Address: City-St-Zip:	TD (X) Change ( ) Addition LAPLANTE, JOSEPH 4588 ANDOVER WAY # A-301 NAPLES, FL 34112		
Title: Name: Address: City-St-Zip:	HOOD, BOB	( ) Delete ER WAY # F-301 34112	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: MIKE FENNELLY P 04/05/2007