## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **FILED** Mar 12, 2007 8:00 am Secretary of State

DOCUMENT # N36459  1. Entity Name ANDOVER C CONDOMINIUM ASSOCIATION INC. OF WEST PALM BEACH				03	3-12-2007 90365 03	35 ****61.25	5	
Principal Place of Business		Mailing Address		400	34U4U			
55 ANDOVER C WEST PALM BEACH, FL 33417-2652 US								
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 2575 Homo wood RD						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02132007 Ch	g-NP CR2E03	37 (12/06)		
City & State		City & State WEST PAGE BCH FL		4. FEI Number 59-163792	5	Applied Not Ap	d For plicable	
Zip	Country	33406	Country U.S.A	5. Certificate of Sta	atus Desired	\$8.75 Addition Fee Required	nal	
	6. Name and Address of Current	Registered Agent		7. Name and Addr	ress of New Registered A	Agent		
SCHECHT	TEL, FRANCES	Name PRUITTS PROPERTY MANAGEMENT						
55 ANDO			Street Address (P.O. Box Number is Not Acceptable)					
WEST FALM BESCH, FE 33417-2049				2575 Homewood RD				
			City os 7	PAIM B	3ca FL	Zip Code	6	
	e named entity submits this statement for tions of registered agent.	or the purpose of changing its re	egistered office or registe	red agent, or both, in t	the State of Florida. I am	familiar with, and	accept	
SIGNATURE	DONELL PRUITT	· /	Sell last	-	2.21.	07		
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered Agent signature require	d when reinstating)	DATE			
	Signature, typed or printed name of registered agent Filling Fee is \$61.25 Due by May 1, 2007	and title if applicable. (NOTE: F  9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Be Added to Fees	DATE Make checi	c payable to tment of State		
10.	Filing Fee is \$61.25 Due by May 1, 2007 OFFICERS AND DIF	9. Election Camp Trust Fund Co	paign Financing ontribution.	\$5.00 May Be Added to Fees ADDITIONS/CHANGE	Make check Florida Depar	c payable to tment of State RECTORS IN 10		
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The easy certify that the information supplied with this filling 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR