

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT


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

03-12-2007 90365 035 \*\*\*\*61.25

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02132007 Chg-NP CR2E037 (12/06)

<b>DOCUMENT # N36459</b>			
1. Entity Name ANDOVER C CONDOMINIUM ASSOCIATION INC. OF WEST PALM BEACH			
Principal Place of Business 55 ANDOVER C WEST PALM BEACH, FL 33417-2652 US		Mailing Address 2575 Homewood RD WEST PALM Bch FL 33406 U.S.A	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip		Zip	
Country		Country	
4. FEI Number 59-1637925		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 SCHECHTEL, FRANCES 55 ANDOVER C WEST PALM BEACH, FL 33417-2649		7. Name and Address of New Registered Agent Name: PRUITTS PROPERTY MANAGEMENT Street Address (P.O. Box Number is Not Acceptable): 2575 Homewood RD City: WEST PALM Bch FL Zip Code: 33406	
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: Donell Pruitt (Signature) DATE: 2-21-07 (NOTE: Registered Agent signature required when reinstating)			
Filing Fee is \$61.25 Due by May 1, 2007		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			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V KOSLOWSKY, GEORGE 66 ANDOVER C WEST PALM BEACH, FL 33417 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CASACCIO, ANTHONY 65 ANDOVER C WEST PALM BEACH, FL 33417 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KAHN, ELAIN E 54 ANDOVER C WEST PALM BEACH, FL 33417 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SCHWARTZMAN, BLANCHE 57 ANDOVER C WEST PALM BEACH, FL 33417 <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHECHTEL, FRANCES 55 ANDOVER C W. PALM BEACH, FL 33417 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOSLOWSKY, MARGARET 66 ANDOVER C WEST PALM BEACH, FL 33417 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KOSLOWSKY, MARGARET 66 ANDOVER C WEST PALM BEACH, FL 33417 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANIACI, PETRINA 70 ANDOVER C WEST PALM BEACH, FL 33417 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PALMISANO, ELLIE 71 ANDOVER C WEST PALM BEACH, FL 33417 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Tres. Palmisano, Ellie 71 Andover C West Palm Bch FL 33417 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD VENTRA, GLORIA 68 ANDOVER C WEST PALM BEACH, FL 33417 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD. Ventra, Gloria 68 Andover C W. P. B. FL 33417 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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: Anthony Casaccio		PRPS. FEB 21, 07 561 640-9671	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	