

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 21 1996 8:00 am
Secretary of State

DOCUMENT # N37231 (0)

1. Corporation Name

ANDOVER AT WYCLIFFE CONDOMINIUM ASSOCIATION, INC

Principal Place of Business

Mailing Address

% ALFRED G. WEST
7777 GLADES RD #410
BOCA RATON FL 33434

% ALFRED G. WEST
7777 GLADES RD #410
BOCA RATON FL 33434

3. Date Incorporated or Qualified

03/23/1990

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 c/o CMD MANAGEMENT

26 c/o CMD MANAGEMENT

Suite, Apt. #, etc.

22 3082 JOG ROAD

Suite, Apt. #, etc.

27 3082 JOG ROAD

City & State

23 LAKE WORTH, FL 33467

City & State

28 LAKE WORTH, FL 33467

Zip

Country

24

Zip

Country

29

Zip

Country

30

4. FEI Number

65-0191960

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

WEST, ALFRED G.
7777 GLADES RD #410
BOCA RATON FL 33434

10. Name and Address of New Registered Agent

81 Name ROSENTHAL, DAVID C.
STEVEN DANIELS
82 Street Address (P.O. Box Number is Not Acceptable)
301 YAMATO RD #4150--
83 c/o CMD MANAGEMENT INC.
3082 JOG ROAD
84 City BOCA RATON FL 85 Zip 33467

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when translating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	WEST, ALFRED G.	7777 GLADES RD #410	BOCA RATON FL	<input checked="" type="checkbox"/>
VD	SLEEK, HARRY T.	7777 GLADES RD #410	BOCA RATON FL	<input checked="" type="checkbox"/>
STD	HAMMERSLA, ELLIOTT	10303 N ANDOVER COACH LN / A-1	LAKE WORTH FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
PD	HAMMERSLA, ELLIOTT	10303 N. ANDOVER COACH LN. A-1	LAKE WORTH, FL 33467	<input checked="" type="checkbox"/>	<input type="checkbox"/>
VD	PURDY, ED	10267 N. ANDOVER COACH LN. B-1	LAKE WORTH, FL 33467	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TD	MILLER, ERWIN	10160 ANDOVER COACH CIRCLE. G-1	LAKE WORTH, FL 33467	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SD	MORITZ, SEYMOUR	10185 ANDOVER COACH CIRCLE G-2	LAKE WORTH, FL 33467	<input checked="" type="checkbox"/>	<input type="checkbox"/>
D	BAURMASCH, HAROLD	10160 ANDOVER COACH CIRCLE, G-2	LAKE WORTH, FL 33467	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Elliott Hammersla
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/12/96 (407) 969-3242
Date Daytime Phone #

CR2E037 (12/95)