


FILE NOW: FILING FEE IS \$61.25

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Mar 04 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N37231 (0)**  
1. Corporation Name  
**ANDOVER AT WYCLIFFE CONDOMINIUM ASSOCIATION, INC**



Principal Place of Business <b>C/O CMD MGMT 3082 JOG RD LAKE WORTH FL 33467 US</b>		Mailing Address <b>C/O CMD MGMT 3082 JOG RD LAKE WORTH FL 33467-2053 US</b>	
2. Principal Place of Business <b>21</b>		2a. Mailing Address <b>26</b>	
Suite, Apt. #, etc. <b>22</b>		Suite, Apt. #, etc. <b>27</b>	
City & State <b>23</b>		City & State <b>28</b>	
Zip <b>24</b>	Country <b>25</b>	Zip <b>29</b>	Country <b>30</b>
3. Date Incorporated or Qualified <b>03/23/1990</b>		3a. Date of Last Report <b>03/21/1996</b>	
4. FEI Number <b>65-0191960</b>		Applied For <b>Not Applicable</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>ROSENTHAL, DAVID C 3082 JOG RD LAKE WORTH FL 33467</b>		10. Name and Address of New Registered Agent <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City</b> <b>FL</b> <b>85 Zip Code</b>	
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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 *David C Rosenthal* DATE *1/30/97*  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMEMRSELA, ELLIOTT	1.2 NAME	Ed Purdy
STREET ADDRESS	10303 N ANDOVER COACH LN A1	1.3 STREET ADDRESS	10267 N. Andover Coah Lane B-1
CITY-ST-ZIP	LAKE WORTH FL	1.4 CITY-ST-ZIP	Lake Worth, FL 33467
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PURDY, ED	2.2 NAME	
STREET ADDRESS	10267 N ANDOVER COACH LN B1	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH FL	2.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMMERSLA, ELLIOTT	3.2 NAME	Irwin Miller
STREET ADDRESS	10303 N ANDOVER COACH LN / A-1	3.3 STREET ADDRESS	10160 Andover Coach Circle G-1
CITY-ST-ZIP	LAKE WORTH FL	3.4 CITY-ST-ZIP	Lake Worth, FL 33467
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, ERWIN	4.2 NAME	Seymour Moritz
STREET ADDRESS	10160 ANDOVER COACH CIRCLE G1	4.3 STREET ADDRESS	10185 Andover Coah Circle G-2
CITY-ST-ZIP	LAKE WORTH FL	4.4 CITY-ST-ZIP	Lake Worth, FL 33467
TITLE	SD <input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORITZ, SEYMOUR	5.2 NAME	Elliott Hammersla
STREET ADDRESS	10185 ANDOVER COACH CIRCLE G2	5.3 STREET ADDRESS	10303 N. Andover Coach Lane A-1
CITY-ST-ZIP	LAKE WORTH FL	5.4 CITY-ST-ZIP	Lake Worth, FL 33467
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BAURMASCH, HAROLD	6.2 NAME	Arthur Franzblau
STREET ADDRESS	10160 ANDOVER COACH CIRCLE G2	6.3 STREET ADDRESS	10172 Andover Coach Circle G-2
CITY-ST-ZIP	LAKE WORTH FL	6.4 CITY-ST-ZIP	Lake Worth, FL 33467

14. I do 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 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: *Edward Purdy* DATE *2/15/97* DAYTIME PHONE # *904 433-5094*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CFR2E037 (9/96)