

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 28 1998 8:00am  
Secretary of State

|   |   |   |
|---|---|---|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # **N37231** (0)  
1. Corporation Name  
**ANDOVER AT WYCLIFFE CONDOMINIUM ASSOCIATION, INC**



|   |   |
|---|---|
| Principal Place of Business<br><b>C/O CMD MGMT<br/>3082 JOG RD<br/>LAKE WORTH FL 33467<br/>US</b> | Mailing Address<br><b>C/O CMD MGMT<br/>3082 JOG RD<br/>LAKE WORTH FL 33467<br/>US</b> |
|---|---|

|  |                                    |  |
|--|------------------------------------|--|
| 3. Date Incorporated or Qualified<br><b>03/23/1990</b> | 4. FEI Number<br><b>65-0191960</b> | Applied For<br><input type="checkbox"/> Not Applicable |
|--|------------------------------------|--|

|   |  |
|---|--|
| 2. Principal Place of Business<br><b>21</b> Suite, Apt. #, etc.<br><b>22</b> City & State<br><b>23</b> Zip<br><b>24</b> Country | 2a. Mailing Address<br><b>25</b> Suite, Apt. #, etc.<br><b>26</b> City & State<br><b>27</b> Zip<br><b>28</b> Country |
|---|--|

|  |
|--|
| 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>   |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No  |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |

9. Name and Address of Current Registered Agent  
**ROSENTHAL, DAVID C  
3082 JOG RD  
LAKE WORTH FL 33467**

10. Name and Address of New Registered Agent  
**81** Name  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**83**  
**84** City **FL** **85** Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |   |
|----------------------------|---|
| TITLE                      | PD PURDY, ED <input type="checkbox"/> DELETE            |
| NAME                       | 10287 N. ANDOVER COAH LANE B-1                          |
| STREET ADDRESS             | LAKE WORTH FL   |
| CITY-ST-ZIP                |   |
| TITLE                      | VD PURDY, ED <input checked="" type="checkbox"/> DELETE |
| NAME                       | 10287 N ANDOVER COACH LN B1                             |
| STREET ADDRESS             | LAKE WORTH FL   |
| CITY-ST-ZIP                |   |
| TITLE                      | TD MILLER, IRWIN <input type="checkbox"/> DELETE        |
| NAME                       | 10180 ANDOVER COACH CIRCLE G-1                          |
| STREET ADDRESS             | LAKE WORTH FL   |
| CITY-ST-ZIP                |   |
| TITLE                      | SD MORITZ, SEYMOUR <input type="checkbox"/> DELETE      |
| NAME                       | 10185 ANDOVER COAH CIRCLE, G-2                          |
| STREET ADDRESS             | LAKE WORTH FL   |
| CITY-ST-ZIP                |   |
| TITLE                      | D HAMMERSLA, ELLIOTT <input type="checkbox"/> DELETE    |
| NAME                       | 10303 N. ANDOVER COACH LANE, A-1                        |
| STREET ADDRESS             | LAKE WORTH FL   |
| CITY-ST-ZIP                |   |
| TITLE                      | D FRANZBLAU, ARTHUR <input type="checkbox"/> DELETE     |
| NAME                       | 10172 ANDOVER COACH CIRCLE, G-2                         |
| STREET ADDRESS             | LAKE WORTH FL   |
| CITY-ST-ZIP                |   |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|---|--|
| 1.1 TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME  | <b>D ELLEN RAU</b>   |
| 1.3 STREET ADDRESS                                    | <b>10172 ANDOVER COACH CIRCLE H-2</b>  |
| 1.4 CITY-ST-ZIP                                       | <b>LAKE WORTH, FL 33467</b>  |
| 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 2.2 NAME  |  |
| 2.3 STREET ADDRESS                                    |  |
| 2.4 CITY-ST-ZIP                                       |  |
| 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 3.2 NAME  |  |
| 3.3 STREET ADDRESS                                    |  |
| 3.4 CITY-ST-ZIP                                       |  |
| 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 4.2 NAME  |  |
| 4.3 STREET ADDRESS                                    |  |
| 4.4 CITY-ST-ZIP                                       |  |
| 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 5.2 NAME  |  |
| 5.3 STREET ADDRESS                                    |  |
| 5.4 CITY-ST-ZIP                                       |  |
| 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 6.2 NAME  |  |
| 6.3 STREET ADDRESS                                    |  |
| 6.4 CITY-ST-ZIP                                       |  |

14. I 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:  **ELLEN RAU** 4/2/98 (98)-4335094

CR2E037 (10/97)