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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N37231

1. Corporation Name

ANDOVER AT WYCLIFFE CONDOMINIUM ASSOCIATION, INC

Principal Place of Business

C/O CMD MGMT  
3082 JOG RD  
LAKE WORTH FL 33467  
US

Mailing Address

C/O CMD MGMT  
3082 JOG RD  
LAKE WORTH FL 33467  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

03/23/1990

4. FEI Number

65-0191960

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4/21/99

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME PURDY, ED  
STREET ADDRESS 10267 N. ANDOVER COAH LANE B-1  
CITY-ST-ZIP LAKE WORTH FL

TITLE D  
NAME RAU, ELLEN  
STREET ADDRESS 10172 ANDOVER COACH CIRCLE H-2  
CITY-ST-ZIP LAKE WORTH FL 33467

TITLE TD  
NAME MILLER, IRWIN  
STREET ADDRESS 10160 ANDOVER COACH CIRCLE G-1  
CITY-ST-ZIP LAKE WORTH FL

TITLE SD  
NAME MORITZ, SEYMOUR  
STREET ADDRESS 10185 ANDOVER COAH CIRCLE, G-2  
CITY-ST-ZIP LAKE WORTH FL

TITLE D  
NAME HAMMERSLA, ELLIOTT  
STREET ADDRESS 10303 N. ANDOVER COACH LANE, A-1  
CITY-ST-ZIP LAKE WORTH FL

TITLE X TO  
NAME FRANZBLAU, ARTHUR  
STREET ADDRESS 10172 ANDOVER COACH CIRCLE, G-2  
CITY-ST-ZIP LAKE WORTH FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

D  
MARKS, LEWIS  
10196 ANDOVER COACH CIRCLE G-2  
LAKE WORTH, FL 33467

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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, with all other like empowered.

SIGNATURE: ✓

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/99

(561) 433-5094

CR2E037 (1/98)