

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 30, 2001 8:00 am**  
**Secretary of State**

0054713

**DOCUMENT # N37231**

1. Entity Name

**ANDOVER AT WYCLIFFE CONDOMINIUM ASSOCIATION, INC**

04-30-2001 90380 047 \*\*\*\*\*61.25

Principal Place of Business

Mailing Address

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

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**65-0191960**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HERNANDEZ, GABE**  
**PHOENIX MGMT SERVICES**  
**3082 JOG RD**  
**LAKE WORTH FL 33467**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete  
 NAME **PURDY, ED**  
 STREET ADDRESS **40267 N. ANDOVER COACH LANE B-1**  
 CITY-ST-ZIP **LAKE WORTH FL**

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

TITLE **TD** ☐ Delete  
 NAME **MARKS, LEWIS**  
 STREET ADDRESS **10196 ANDOVER COACH CIR UNIT G-2**  
 CITY-ST-ZIP **LAKE WORTH FL 33467**

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

TITLE **D** ☐ Delete  
 NAME **BRAUNSTEIN, ELIHO**  
 STREET ADDRESS **10185 ANDOVER COACH CIR G-1**  
 CITY-ST-ZIP **LAKE WORTH FL**

TITLE **PD** ☐ Delete  
 NAME **FRANZBLAU, ARTHUR**  
 STREET ADDRESS **10172 ANDOVER COACH CIRCLE, G-2**  
 CITY-ST-ZIP **LAKE WORTH FL**

TITLE **Director** ☐ Change ☒ Addition  
 NAME **Lois Schless**  
 STREET ADDRESS **10208 Andover Coach Circle - G1**  
 CITY-ST-ZIP **Lake Worth, FL 33467**

TITLE **Director** ☐ Change ☒ Addition  
 NAME **Irwin Kozinn**  
 STREET ADDRESS **10184 Andover Coach Circle G1**  
 CITY-ST-ZIP **Lake Worth, FL 33467**

TITLE **SECRETARY/TREASURER** ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. 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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4/30/01 561-641-185**

CR2E037 (10/00)