

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N37231

1. Entity Name

ANDOVER AT WYCLIFFE CONDOMINIUM ASSOCIATION, INC

Principal Place of Business

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

Mailing Address

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

Zip

Country

Zip

Country

4. FEI Number

65-0191960

Applied For

Not Applicable

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 ☐ Delete  
NAME D  
STREET ADDRESS SCHLESS, LOIS  
CITY-ST-ZIP 10208 ANDOVER COACH CIRCLE G-1  
LAKE WORTH FL 33467

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

TITLE ☒ Delete  
NAME D  
STREET ADDRESS KOZINN, IRWIN  
CITY-ST-ZIP 10208 ANDOVER COACH CIRCLE G-1  
LAKE WORTH FL 33467

TITLE ☐ Change ☒ Addition  
NAME D Robert Nastri  
STREET ADDRESS 10291 No Andover Coach Lane  
CITY-ST-ZIP Lake Worth, FL 33467

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

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

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

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

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

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

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

TITLE ☒ Change ☐ Addition  
NAME SD  
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 Required*

04/15/02

Daytime Phone #

CR2E037 (9/01)