
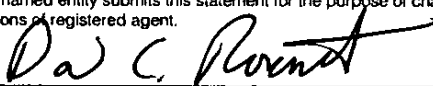
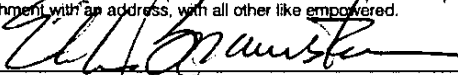


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90158 044 ****61.25

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		
		04262006 Chg-NP		CR2E037 (11/05)	
4. FEI Number 65-0191960				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
ROSENTHAL, DAVID C PHOENIX MGMT SERVICES 3082 JOG RD LAKE WORTH, FL 33467			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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. I am familiar with, and accept the obligations of registered agent. <div style="display: flex; justify-content: space-between; align-items: flex-end;"> <div style="width: 40%;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> <small>(NOTE: Registered Agent signature required when reinstating)</small> </div> <div style="width: 30%; text-align: right;"> <small>DATE</small> </div> </div>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALPERIN, JEFF 10304 S. ANDOVER A-2 LAKE WORTH, FL 33467 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD John K. Jones 10292 S. Andover Coach Ln, A-1 Lake Worth, FL 33467 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PURDY, EDWARD 10267 N. ANDOVER LAKE WORTH, FL 33467 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Ruth Manishin 10256 Andover Coach Lane, G-2 Lake Worth FL 33467 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MILLER, ERWIN 10160 ANDOVER COACH CIR. G-1 LAKE WORTH, FL 33467 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Linda Yarwood 10172 Andover Coach, A-1 Lake Worth, FL 33467 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MORITZ, SEYMOUR 10185 ANDOVER COAH CIRCLE, G-2 LAKE WORTH, FL <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Robert Campitelli 10173 Andover Coach Cr, H-2 Lake Worth, FL 33467 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD BRAUNSTEIN, ELIHU 10185 ANDOVER COACH CIR G-1 LAKE WORTH, FL <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Braunstein, Elihu 10185 Andover Coach Cr G-1 Lake Worth, FL 33467 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FRANZBLAU, ARTHUR 10172 ANDOVER COACH CIRCLE, G-2 LAKE WORTH, FL <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> ELIHU BRAUNSTEIN			<div style="display: flex; justify-content: space-between;"> <div> 04/28/06 <small>Date</small> </div> <div> 561-641-8476 <small>Daytime Phone #</small> </div> </div>		