

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 12, 2007 8:00 am**  
**Secretary of State**

04-12-2007 90022 005 \*\*\*\*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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04032007

Chg-NP

CR2E037 (12/06)

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

**ROSENTHAL, DAVID C  
PHOENIX MGMT SERVICES  
3082 JOG RD  
LAKE WORTH, FL 33467**

## 7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida Department of State**

## 10. OFFICERS AND DIRECTORS

TITLE **SD** ☒ Delete  
NAME **ALPERIN, JEFF**  
STREET ADDRESS **10304 S. ANDOVER A-2**  
CITY-ST-ZIP **LAKE WORTH, FL 33467**

TITLE **D** ☐ Delete  
NAME **CAMPITIELLI, ROBERT**  
STREET ADDRESS **10173 ANDOVER COACH CR. H-2**  
CITY-ST-ZIP **LAKE WORTH, FL 33467**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Change ☒ Addition  
NAME **JONES, JOHN**  
STREET ADDRESS **10292 SANDOVER COACH LANE**  
CITY-ST-ZIP **LAKE WORTH, FL 33467**

TITLE **VPD** ☐ Change ☒ Addition  
NAME **MAHIS, RUTH**  
STREET ADDRESS **10256 ANDOVER COACH CIRCLE**  
CITY-ST-ZIP **LAKE WORTH, FL 33467**

TITLE **TD** ☐ Change ☒ Addition  
NAME **BRAUNSTEIN, ELIHU**  
STREET ADDRESS **10185 ANDOVER COACH CIRCLE-91**  
CITY-ST-ZIP **LAKE WORTH, FL 33467**

TITLE **SD** ☐ Change ☒ Addition  
NAME **MAYBACK, GERALD**  
STREET ADDRESS **10172 ANDOVER COACH CIRCLE H2**  
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 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3/30/07**

Date

**561-969-9181**

Daytime Phone #