

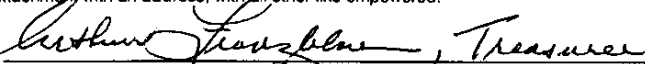


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90076 041 ****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	4. FEI Number 65-0191960	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
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 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. <div style="text-align: center; margin-top: 10px;">  </div>					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		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	PD JONES, JOHN 10292 S. ANDOVER COACH LANE LAKE WORTH, FL 33467		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Campetelli, Robert 10173 Andover Coach Cir. H-2 Lake Worth, FL 33469	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPTIELLI, ROBERT 10173 ANDOVER COACH CR. H-2 LAKE WORTH, FL 33467		TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FRANZBLAU, ARTHUR 10172 And Coach Cir - G2 Lake Worth, FL 33469	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MANISHIN, RUTH 10256 ANDOVER COACH CIRCLE LAKE WORTH, FL 33467		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAYBROWN, ROCHELLE 10124 ANDOVER COACH CIRCLE LAKE WORTH, FL 33469	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRAUNSTEIN, ELIHU 10185 ANDOVER COACH CIRCLE S1 LAKE WORTH, FL 33467		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MAYBACK, GERALD 10172 ANDOVER COACH CIRCLE H2 LAKE WORTH, FL 33467		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			TITLE 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: 			4/17/08 561-964-1550 Date Daytime Phone #		