

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 15, 2003 8:00 am**  
**Secretary of State**

04-15-2003 90118 021 \*\*\*\*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



☐ CHECK HERE IF MAKING CHANGES

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

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

7. Name and Address of New Registered Agent

Name **DAVID ROSENTHAL**  
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

*David C. Rosenthal*

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SCHLESS, LOIS</b>	
STREET ADDRESS	<b>10208 ANDOVER COACH CIRCLE G-1</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33467</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>NASTRI, ROBERT</b>	
STREET ADDRESS	<b>10291 N ANDOVER COACH LN</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33467</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> Delete
NAME	<b>MARKS, LEWIS</b>	
STREET ADDRESS	<b>10196 ANDOVER COACH CIR UNIT G-2</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33467</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>MORITZ, SEYMOUR</b>	
STREET ADDRESS	<b>10185 ANDOVER COACH CIRCLE, G-2</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>BRAUNSTEIN, ELIHO</b>	
STREET ADDRESS	<b>10185 ANDOVER COACH CIR G-1</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>FRANZBLAU, ARTHUR</b>	
STREET ADDRESS	<b>10172 ANDOVER COACH CIRCLE, G-2</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL</b>	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>D</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PURDY, EDWARD</b>	
STREET ADDRESS	<b>10267 N ANDOVER</b>	
CITY-ST-ZIP	<b>LAKE WORTH FL 33467</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>TD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 Required Seymour I. Moritz 4/10/03*

CR2E037 (10/02)