

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 704674

**Entity Name:** ANDOVER CIVIC ASSOCIATION, INC.

**Current Principal Place of Business:**

20630 N. MIAMI AVENUE  
MIAMI GARDEN, FL 33169

**Current Mailing Address:**

20630 N. MIAMI AVENUE  
MIAMI GARDENS, FL 33169 US

**FEI Number:** 65-0196187

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ARRIBAS, MARLENE  
20630 N. MIAMI AVENUE  
MIAMI GARDENS, FL 33169 US

*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:** MARLENE ARRIBAS

04/13/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           PRESIDENT  
Name           NELSON, LIONEL  
Address        20650 N MIAMI AVENUE  
City-State-Zip: MIAMI GARDENS FL 33169

Title           DIRECTOR  
Name           JACKSON, MARY  
Address        740 NW 207TH ST.  
City-State-Zip: MIAMI GARDENS FL 33169

Title           TREASURER  
Name           FULLERTON, ERVINE  
Address        1010 NW 203RD ST  
City-State-Zip: MIAMI GARDENS FL 33169

Title           DIRECTOR  
Name           ARRIBAS, MARLENE  
Address        20630 N. MIAMI AVE  
City-State-Zip: MIAMI GARDENS FL 33169

Title           SECRETARY  
Name           GREEN, PATSY  
Address        950 NW 203RD ST  
City-State-Zip: MIAMI GARDENS FL 33169

Title           DIRECTOR  
Name           LAWRENCE, LONNIE  
Address        831 NW 207 ST  
City-State-Zip: MIAMI GARDENS FL 33169

Title           DIRECTOR  
Name           WATSON, BARBARA  
Address        1240 NW 207 STREET  
City-State-Zip: MIAMI GARDENS FL 33169

Title           DIRECTOR  
Name           ROWE, INEZ  
Address        20721 NW MIAMI COURT  
City-State-Zip: MIAMI GARDENS FL 33169

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** MARLENE ARRIBAS

**DIRECTOR**

04/13/2021

Electronic Signature of Signing Officer/Director Detail

Date