

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742741

Entity Name: ANDOVER H CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**187 ANDOVER H
WEST PALM BEACH, FL 33417**Current Mailing Address:**ANDOVER H C/O SEACREST SERVICES INC
2400 CENTREPARK W DR STE175
WEST PALM BEACH, FL 33409 US**FEI Number:** 59-1636599**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HARTMAN, JOHN
192 ANDOVER H
WEST PALM BEACH, FL 33417 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:** JOHN HARTMAN

04/07/2014

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PRESIDENT, TREASURER
Name HARTMAN, JOHN
Address 192 ANDOVER H
City-State-Zip: WEST PALM BEACH FL 33417

Title VP
Name KATZOFF, GEORGE
Address 208 ANDOVER H
City-State-Zip: WEST PALM BEACH FL 33417

Title DIRECTOR
Name SEHNAL, EVA
Address 187 ANDOVER H
City-State-Zip: WEST PALM BEACH FL 33417

Title D
Name MURRAY, ALBERT
Address 184 ANDOVER H
City-State-Zip: WEST PALM BEACH FL 33417

Title TREASURER
Name SMITH, BETTY
Address 188 ANDOVER H
City-State-Zip: WEST PALM BEACH FL 33417

Title SECRETARY
Name LYON, JEANNE
Address 190 ANDOVER H
City-State-Zip: WEST PALM BEACH FL 33417

Title DIRECTOR
Name NILAND, DARLENE
Address 201 ANDOVER H
City-State-Zip: WEST PALM BEACH FL 33417

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: JOHN HARTMAN

PRESIDENT

04/07/2014

Electronic Signature of Signing Officer/Director Detail

Date