

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18715

Entity Name: ANDOVER G CV CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**174 ANDOVER G
WEST PALM BEACH, FL 33417**Current Mailing Address:**ANDOVER G C/O SEACREST SERVICES, INC.
2101 CENTREPARK W DR #110
WEST PALM BEACH, FL 33409 US**FEI Number:** 59-1636298**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MCNAB, RUTH
174 ANDOVER G
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:** RUTH MCNAB

02/15/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	DIRECTOR
Name	SZCZERBA, KRZSZTOF
Address	30 FONTENAY CT #407
City-State-Zip:	TORONTO M9A 4W5
Title	SECRETARY
Name	NEUROHR, KATHLEEN
Address	601 PARK ST
City-State-Zip:	BORDENTOWN NJ 08505
Title	TREASURER
Name	VIELWAHR , ROBERT
Address	169 ANDOVER G
City-State-Zip:	WEST PALM BEACH FL 33417

Title	DIRECTOR
Name	VEGA, LUIS
Address	161 ANDOVER G
City-State-Zip:	WEST PALM BEACH FL 33417
Title	PRESIDENT
Name	MCNAB, RUTH
Address	174 ANDOVER G
City-State-Zip:	WEST PALM BEACH FL 33417
Title	VP
Name	HARLEY, JOHN
Address	165 ANDOVER G
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: KATHLEEN NEUROHR (SK)**SECRETARY**

02/15/2022

Electronic Signature of Signing Officer/Director Detail

Date