

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18715

Entity Name: ANDOVER G CV CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**168 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:**LORD, HOWARD
168 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT, RECEIVER
Name	LORD, HOWARD
Address	168 ANDOVER G
City-State-Zip:	WEST PALM BEACH FL 33417

Title	SECRETARY
Name	PILITOWSKA, AGATA
Address	180 ANDOVER G
City-State-Zip:	WEST PALM BEACH FL 33417

Title	TREASURER
Name	CRIMI, CHARLES
Address	195 BERSEFORD RD.
City-State-Zip:	ROCHESTER NY 14610

Title	VP
Name	VIELWAHR, ROBERT
Address	169 ANDOVER G
City-State-Zip:	WEST PALM BEACH FL 33417

Title	DIRECTOR
Name	NEUROHR, KATHLEEN
Address	169 ANDOVER G
City-State-Zip:	WEST PALM BEACH FL 33417

Title	DIRECTOR
Name	SALAZAR, MERCEDES
Address	178 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: HOWARD LORD**PRESIDENT****03/07/2019**_____
Electronic Signature of Signing Officer/Director Detail_____
Date