## 2019 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# N18715

Entity Name: ANDOVER G CV CONDOMINIUM ASSOCIATION, INC.

FILED
Apr 18, 2019
Secretary of State
6594334239CC

## **Current Principal Place of Business:**

173 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:

TRIPP, BRUCE 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: BRUCE TRIPP 04/18/2019

Electronic Signature of Registered Agent Date

Officer/Director Detail:

TitlePRESIDENT, RECEIVERTitleSECRETARYNameTRIPP, BRUCENameLORD, HOWARDAddress173 ANDOVER GAddress168 ANDOVER G

City-State-Zip: WEST PALM BEACH FL 33417 City-State-Zip: WEST PALM BEACH FL 33417

Title TREASURER Title VP

NameVIELWAHR, ROBERTNameBENIGNO, SALAddress169 ANDOVERAddress165 ANDOVER G

City-State-Zip: WPB FL 33417 City-State-Zip: WEST PALM BEACH FL 33417

TitleDIRECTORTitleDIRECTORNameNEUROHR, KATHLEENNameMCNAB, RUTHAddress130 OVERLOOK AVEAddress174 ANDOVER G

TSH

City-State-Zip: WEST PALM BEACH FL 33417
City-State-Zip: HACKENSACK NJ

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 DIRECTOR 04/18/2019