

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N37231

**Entity Name:** ANDOVER AT WYCLIFFE CONDOMINIUM ASSOCIATION, INC.**FILED**  
**Feb 07, 2014**  
**Secretary of State**  
**CC6572910495****Current Principal Place of Business:**C/O PHOENIX MGMT  
6131-B LAKE WORTH ROAD  
GREENACRES, FL 33463**Current Mailing Address:**C/O PHOENIX MGMT  
6131-B LAKE WORTH ROAD  
GREENACRES, FL 33463 US**FEI Number:** 65-0191960**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**ROSENTHAL, DAVID C  
PHOENIX MGMT SERVICES  
6131-B LAKE WORTH ROAD  
GREENACRES, FL 33463 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	VP
Name	KEN, SCHOLL
Address	10148 AND COACH CIR, A-2
City-State-Zip:	LAKE WORTH FL 33449

Title	SD
Name	MAYBACK, GERALD
Address	10172 ANDOVER COACH CIRCLE, G-2
City-State-Zip:	LAKE WORTH FL 33449

Title	DIRECTOR
Name	KATZ, GAIL
Address	10327 N ANDOVER COACH LANE G-1
City-State-Zip:	WELLINGTON FL 33449

Title	TD
Name	ALPERIN, JEFFREY
Address	10304 ANDOVER COACH CIRCLE, A-2
City-State-Zip:	LAKE WORTH FL 33449
Title	PRESIDENT
Name	BAZARNIK, LOU
Address	10220 ANDOVER COACH CIRCLE G-1
City-State-Zip:	WELLINGTON FL 33449

*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:** LOU BAZARNIK

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**02/07/2014**\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail\_\_\_\_\_  
Date