

Name DAVID L. KAHN

Address: 2103 BELLCREST CT.

ROYAL PALM BCH, FL 33411



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Property Appraisers Parcel Identification (Folio) Number(s):

AMENDMENT TO THE DECLARATION OF CONDOMINIUM
AND BYLAWS OF
ANDOVER L CONDOMINIUM

As recorded in Official Records Palm Beach County, Florida

Book 14097 Page 0814

As used herein (unless substantially reworded) the following shall apply:

- A. Words in the text which are lined through with hyphens indicate deletions from the present text.
- B. Words in the text which are underlined indicate additions to the present text.
- C. Whenever an ellipsis (...) appears in the text, this indicates that this portion of the present text remains intact to the point where the next typewritten material appears.

ARTICLE IV. DIRECTORS, of the Bylaws is amended as follows:

Section 1. Election, Number, Term and Qualifications. The affairs of the Association shall be governed by a Board of Directors composed of not less than five (5) and not more than seven (7) persons as provided in the Articles of Incorporation if applicable.

We hereby certify that the Amendment to the Declaration and Bylaws was approved by in excess of 51 % vote of the Membership or _____ % of those present in person or represented by proxy (a quorum being present) at a duly called meeting on JANUARY 25TH, 2006.

ANDOVER L Condominium Association, Inc.

By: David L. Kahn President Attest: Cheryl Nassar VICE PRESIDENT SECRETARY

STATE OF FLORIDA)
COUNTY OF PALM BEACH)

The foregoing instrument was acknowledged before me this 25 day of JANUARY 2006, by DAVID L. KAHN, President, and C. NASSAR, Secretary. Both are personally known to me and ☐ did or ☐ did not take an oath. The President (please check one of the following) ☐ is personally known to me or ☒ has produced DRIVERS LICENSE (type of identification) as identification and (please check one of the following) ☐ did or ☐ did not take an oath; the Secretary (please check one of the following) ☐ is personally known to me or ☒ has produced DRIVERS LICENSE (type of identification) as identification and (please check one of the following) ☐ did or ☐ did not take an oath.

Angella N. Bassaragh Notary Public _____ Printed Notary Name

My Commission Expires: _____

