

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED  
AND  
FILED**

55 MAY -1 AM 8:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N00426 (9)**  
1. Corporation Name  
**ANDOVER G CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**1904 CLUBHOUSE DRIVE SUN CITY CENTER FL 33573-4351**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/16/1983** 3a. Date of Last Report **04/25/1994**

4. FEI Number **59-2155845** Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address

21. State Apt. # etc. 26. State Apt. #, etc.

22. City & State 27. City & State

23. Zip Country 28. Zip Country

24. 25. 29. 30.

9. Name and Address of Current Registered Agent  
**GREENE, ROBERT E.  
PROFESSIONAL COMMUNITY SERVICES CORP.  
1904 CLUBHOUSE DR.  
SUN CITY CENTER FL 33573**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)  
**Florida Lifestyle Management**

83.

84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1?	
TITLE	DP	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARRELL, DONALD R.	12 NAME	
STREET ADDRESS	302 ANDOVER PL., S. #155	13 STREET ADDRESS	
CITY, ST, ZIP	SUN CITY CTR, FL 00000	14 CITY, ST, ZIP	
TITLE	SD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOSS, PHYLLIS	22 NAME	
STREET ADDRESS	302 ANDOVER PL., SO. #159	23 STREET ADDRESS	
CITY, ST, ZIP	SUN CITY CTR, FL 00000	24 CITY, ST, ZIP	
TITLE	DT	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILDMAN, LOUISE	32 NAME	T/D
STREET ADDRESS	302 ANDOVER PL S #165	33 STREET ADDRESS	Larkin, James
CITY, ST, ZIP	SUN CITY CENTER FL	34 CITY, ST, ZIP	302 Andover PL., S #145 Sun City Center FL
TITLE	D	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STURCY, HARRY	42 NAME	
STREET ADDRESS	302 ANTOVER PL. SO., #147	43 STREET ADDRESS	
CITY, ST, ZIP	SUN CITY CENTER FL	44 CITY, ST, ZIP	
TITLE	VD	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUPPER, SAM	52 NAME	
STREET ADDRESS	302 ANDOVER PLACE S., #154	53 STREET ADDRESS	
CITY, ST, ZIP	SUN CITY CENTER FL	54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 CITY, ST, ZIP	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Sam Kupper* **SAM KUPPER** 4-20-95 *h3x 9/11/2*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date