FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

1996

SIGNATURE: _

DOCUMENT #
1. Corporation Name

N00426

(9)

ANDOVER G CONDOMINIUM ASSOCIATION, INC.													
Principal Place of Business				Mailing Address									
	LUBHOUSE DRIVE ITY CENTER FL 33	1904 CLUBHOUSE DRIV SUN CITY CENTER FL	CLUBHOUSE DRIVE N CITY CENTER FL 33573-4351										
									 Date Incorporated or Qualified 12/16/1983 	3a. Date o	of Last I /01/1		
2. Principal Place of Business				2a. Mailing Address				i	4. FEI Number			Applied For	
21 Suite, Apt. #, etc.				Suite, Apt. #, etc.					59-2155845		\rightarrow	Not Applicable Additional	
22				27					5. Certificate of Status Desired			Required	
City & State 23				City & State					6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees				
Zip 24	Country 25			, · —			ountry		8. This corporation has liability for int	angible tax u Yes 🔲 No		199.032,	
9. Name and Address of Current								Florida Statutes					
						81	Name	****************					
GREENE, ROBERT E.						82	Street /	Addres:	s (P.O. Box Number is Not Acceptable				
FLORIDA LIFESTYLE MANAGEMENT 1904 CLUBHOUSE DR.						83							
	N CITY CENTER					84	City			FL	SS Zip	o Code	
11, Purs	suant to the provis	ions of Sections 617.0502	and 61	7.1508. Florida Statute	s. the abo	ve-r	named co	prporation	on submits this statement for the purpo	<u> </u>	na its r	eoistered office	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.													
SIGNATURE Stg/fature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE													
12.		OFFICERS AND	DIREC	CTORS	13.				ADDITIONS/CHANGES TO OFFIC	ERS AND DI	RECTO	rRS IN 12	
TITLE	∀ DP			DELETE	1.1 T	TLE					hange	Addition	
NAME		ll, donald r .			1.2 N	AME							
STREET ADD		DOVER PL., S. #155		1.3 \$			ADDRESS						
CITY-ST-ZI		ITY CTR, FL 00000		Mori etc	_	ITY-S	T-ZIP					□ vare	
TITLE	SD	Di IVI I IO		DELETE			2.1 TITLE 2.2 NAME			ш	hange	☐ Addition	
NAME		PHYLLIS					LDDDFAA						
STREET ADO		IDOVER PL., SO. #159					ADDRESS						
CITY-ST-ZI TITLE	TD	ITY CTR, FL 00000		DELETE	2. 4 U		ST-ZIP		<u> </u>		hange	Addition	
NAME		I, JAMES			3.2 N				***61.25	13***U U4 *			
STREET ADD		IDOVER PL., S #145		•••			ADDRESS						
CITY-ST-ZI		TY CENTER FL		\cap	3.4. 0	HTY-5	ST-ZIP						
TITLE	D			∑ DELETE	4.1 Ti	TLE	•	D		(X)	hange	Addition	
NAME		y, harry			4.21	IAME		OUE	ELLETTE, RON				
STREET ADD		TOVER PL. SO., #147		\sim	4.3 S	TAEET	ADDRESS	302	ANDOVER PLACE S.,	G157			
CITY-ST-ZI		ty center fl			_	ITY-S	T-ZIP	SUN	CITY CENTER, FL 3				
TITLE	VD			DELETE	5.1 TI						hange	☐ Addition	
NAME	KUPPE				5.2 N								
STREET ADD		DOVER PLACE S., #15	4				ADDRESS						
CITY-ST-ZI	P SUN C	ty center fl		DELETE	5.4 C	ITY-S TI≢	ı-ZIP	D		[78 (hange	Addition	
NAME				Party of Property Co.	6.2 N			_	STON, MARILYN	()		-M	
STREET ADD	DRESS						ADDRESS		2 ANDOVER PLACE S.,	G 168			
CITY-ST-ZI					1		T-ZIP		CITY CENTER, FL 3				
14. I do	hereby certify that				shed and	does	s not qua	lify for t	the exemption stated in Section 119.07	² (3)(k), Florida			
oath	; that I am an offic	tion indicated on this annuation of the corpor r Block 13 if changed, or or	ation c	r the receiver or trustee	empowe	red t	e and ac to execut	e this re	and that my signature shall have the sa eport as required by Chapter 617, Flori	arrie legal effe da Statutes;	ot as if and tha	made under it my name	

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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