

FILE NOW: FILING FEE IS \$61.25

FILED

**May 19 1997 8:00am
Secretary of State**

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # N00426 (9)

1. Corporation Name
ANDOVER G CONDOMINIUM ASSOCIATION, INC.



| | |
|--|--|
| Principal Place of Business 1904 CLUBHOUSE DRIVE SUN CITY CENTER FL 33573-4351 | Mailing Address 1904 CLUBHOUSE DRIVE SUN CITY CENTER FL 33573-5912 |
|--|--|

| | |
|--|---|
| 3. Date Incorporated or Qualified 12/16/1983 | 3a. Date of Last Report 04/30/1996 |
| 4. FEI Number 59-2155845 | Applied For <input type="checkbox"/> Yes <input checked="" type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

| | |
|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country |
|---|--|

9. Name and Address of Current Registered Agent

**GREENE, ROBERT E.
 FLORIDA LIFESTYLE MANAGEMENT
 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)
 83
 84 City **FL** 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|--|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DP FARRELL, DONALD R. 302 ANDOVER PL., S. #155 SUN CITY CTR, FL 00000 | <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD GOSS, PHYLLIS 302 ANDOVER PL., SO. #159 SUN CITY CTR, FL 00000 | <input checked="" type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD LARKIN, JAMES 302 ANDOVER PL., S #145 SUN CITY CENTER FL | <input checked="" type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D OUELLETTE, RON 302 ANTOVER PL. SO., #G157 SUN CITY CENTER FL | <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD KUPPER, SAM 302 ANDOVER PLACE S., #154 SUN CITY CENTER FL | <input type="checkbox"/> DELETE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D PRESTON, NARILYN 302 ANDOVER PLACE S., #G168 SUN CITY CENTER FL 33573 | <input checked="" type="checkbox"/> DELETE |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--|---|--|
| 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP | SD PRESTON, MARILYN 302 ANDOVER PL. SOUTH G168 SUN CITY CENTER, FL 33573 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP | TD MCGILLICUDDY, JOYCE 302 ANDOVER PL., S G165 SUN CITY CENTER, FL 33573 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **DONALD R. FARRELL** *Donald R. Farrell* 4/3/97
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0046484

CP2E037 (9/96)