FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

N00426

(9)

ANDOVER G CONDOMINIUM ASSOCIATION, INC.									
Principal Place of Business Malling Address							E BUBEL BEBUL BUBEL BUBUL B	1974 B1841 F881	
1904 CLUBHOUSE DRIVE 1904 CLUBHOUSE DRIVE SUN CITY CENTER FL 33573-4351 SUN CITY CENTER FL 33573-				-4351		Date Incorporated or Qualified 12/16/1983 FEI Number		oplied For	
						59-2155845	No.	Not Applicable	
2. Principal P	lace of Business	28. Mailing Address				5. Certificate of Status Desired		Additional equired	
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing	\$5.00		
22		27					Added to		
City & State	6	City & State				7. Is this nonprofit corporation a hom		n?	
23		28				<u> </u>	Yes No		
Zip	Country	Zip	Coun	try		8. This corporation owes or has paid			
24	9. Name and Address of Current	29	30			Personal Property Tax due June 30		No	
	S. Name and Address of Current	r Hagistered Agent		31 N	ame	10. Name and Address of New Regi	stereo Agent		
ARPENE RADEAT F									
Greene, Robert E. Florida Ufestyle Management				32 St	reet Addres	ss (P.O. Box Number is Not Acceptable)	Į.	
1904 CLUBHOUSE DR.				3					
SUN CITY CENTER FL 33573									
0011 011	1 OLITE 11 E 00010		18	M Ci	ty		FL 85 Zip	Code	
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statute	s, the abo	ye-na	med corpo	ration submits this statement for the pur		ts registered	
office or re	egistered agent, or both, in the State of the obligation of the ob	of Florida, Such change was a	uthorized	by the	corporatio	ration submits this statement for the pur n's board of directors. I hereby accept t	the appointment as	registered	
SIGNATURE	Trigatima trial, and accept the conga	110113 01, 00011011 0111.0000, 1110	ilog Otata	100.					
SIGNATURE .	Signature, typed or printed name of registered ager	nt and title if applicable (NOT)	Registered /	Agent sig	natura regulred	d when reinstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICE			
TITLE			1.1 TITL	E			Change	☐ Addition	
NAME	FARRELL, DONALD R.		1.2 NAM	1.2 NAME		÷			
STREET ADDRESS	302 ANDOVER PL., S. #155		1.3 STR	1.3 STREET ADDRESS				1	
CITY-ST-ZIP	SUN CITY CTR, FL 00000		1.4 CITY - ST - ZIP		<u>-</u>		T About		
TITLE	\$D DELETE			2.1 TITLÉ			☐ Change	Addition	
NAME	PRESTON, MARILYN			2.2 NAME					
STREET ADDRESS	302 ANDOVER PL. SOUTH, G168			2.3 STREET ADDRESS				1	
CITY-ST-ZIP TITLE	SUN CITY CTR, FL 00000			2.4 City-St-ZiP 3.1 Title			Change	Addition	
	MCGILLICUDDY, JOYCE				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	•	Leg Change	L Addition	
NAME Street address	302 ANDOVER PL. S., G165		3.2 NAM	ie Eet addi					
	SUN CITY CENTER FL				1				
CITY-ST-ZIP TITLE	D DELETE		4.1 TITL	Y-ST-ZII F	<u>r</u>		Change	Addition	
NAME	OUELLETTE, RON		4. 2 NAN						
STREET ADDRESS	302 ANTOVER PL. SO., #G15	7		eet addi	RESS.				
CITY-ST-ZIP	SUN CITY CENTER FL	•		'-ST-ZIF					
TITLE			5.1 TITU		<u> </u>		Change	Addition	
NAME	KUPPER, SAM		5.2 NAM				· – •		
STREET ADDRESS	302 ANDOVER PLACE S., #15	i 4		EET ADDI	RESS				
CITY-ST-ZIP	ALLE ACTOR ACTORNAL PE		•	- ST - ZIP	ſ			ľ	
TITLE	<u> </u>	☐ DELETE	6.1 TITL		_		☐ Change	Addition	
NAME			62 NAM	IE	l				
STREET ADDRESS			- 1	EET ADDR	NESS				
CITY-ST-ZIP				- ST - ZIP		· i			

Thereby 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 with LD R. FARRE

FILED

May 15 1998 8:00am

Secretary of State