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Secretary of State

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NONPROFIT CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N00426

1. Corporation Name

ANDOVER G CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1904 CLUBHOUSE DRIVE  
SUN CITY CENTER FL 33573-4351

1904 CLUBHOUSE DRIVE  
SUN CITY CENTER FL 33573-4351



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified  
12/16/1983

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
59-2155845

Applied For  
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

24 Zip

Country

28 Zip

Country

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GREENE, ROBERT E.  
FLORIDA LIFESTYLE MANAGEMENT  
1904 CLUBHOUSE DR.  
SUN CITY CENTER FL 33573

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP  DELETE  
NAME FARRELL, DONALD R.  
STREET ADDRESS 302 ANDOVER PL., S. #155  
CITY-ST-ZIP SUN CITY CTR, FL 00000

1.1 TITLE PO  Change  Addition  
1.2 NAME SARAH J. MAGUIRE  
1.3 STREET ADDRESS 302 ANDOVER PLACE #151  
1.4 CITY-ST-ZIP SUN CITY CENTER, FL

TITLE SD  DELETE  
NAME PRESTON, MARILYN  
STREET ADDRESS 302 ANDOVER PL. SOUTH, G168  
CITY-ST-ZIP SUN CITY CTR, FL 00000

2.1 TITLE TD  Change  Addition  
2.2 NAME SHIRLEY JONES  
2.3 STREET ADDRESS 302 ANDOVER PLACE #148  
2.4 CITY-ST-ZIP SUN CITY CENTER, FL

TITLE VD  DELETE  
NAME MCGILICUDDY, JOYCE  
STREET ADDRESS 302 ANDOVER PL. S., G165  
CITY-ST-ZIP SUN CITY CENTER FL

3.1 TITLE VO  Change  Addition  
3.2 NAME RONALD OUELLETTE  
3.3 STREET ADDRESS 302 ANDOVER PLACE #157  
3.4 CITY-ST-ZIP SUN CITY CENTER, FL

TITLE D  DELETE  
NAME OUELLETTE, RON  
STREET ADDRESS 302 ANDOVER PL. SO., #G157  
CITY-ST-ZIP SUN CITY CENTER FL

4.1 TITLE SD  Change  Addition  
4.2 NAME IRENE CAISSIE  
4.3 STREET ADDRESS 302 ANDOVER PLACE #168  
4.4 CITY-ST-ZIP SUN CITY CENTER, FL

TITLE VD  DELETE  
NAME KUPPER, SAM  
STREET ADDRESS 302 ANDOVER PLACE S., #154  
CITY-ST-ZIP SUN CITY CENTER FL

5.1 TITLE D  Change  Addition  
5.2 NAME JOYCE MCGILICUDDY  
5.3 STREET ADDRESS 302 ANDOVER PLACE  
5.4 CITY-ST-ZIP SUN CITY CENTER, FL

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

3/16/99

813-634-5750

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)