

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2001 8:00 am
Secretary of State

04-25-2001 90009 007 ****61.25

DOCUMENT # N00426

1. Entity 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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

STERLING MANAGEMENT

STERLING MANAGEMENT

Suite, Apt. #, etc.

Suite, Apt. #, etc.

723 IMAR DR.

723 IMAR DR.

City & State

City & State

SUN CITY CENTER, FL

4. FEI Number

59-2155845

Applied For

Not Applicable

Zip

Country

Zip

Country

33573

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

BRIAN L. MAY

Street Address (P.O. Box Number is Not Acceptable)

STERLING MANAGEMENT

723 IMAR DR.

City

SUN CITY CENTER

FL

Zip Code

33573

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

3-12-01

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	MAGUIRE, SARAH J	302 ANDOVER PL #151	SUN CITY CTR FL	<input type="checkbox"/>
TD	JONES, SHIRLEY	302 ANDOVER PL #148	SUN CITY CTR FL	<input checked="" type="checkbox"/>
VD	OUELLETTE, RONALD	302 ANDOVER PL #157	SUN CITY CENTER FL	<input checked="" type="checkbox"/>
SD	CAISSIE, IRENE	302 ANDOVER PL #168	SUN CITY CENTER FL	<input checked="" type="checkbox"/>
D	MCGILLILUDDY, JOYCE	302 ANDOVER PL	SUN CITY CENTER FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TD	CAISSIE, IRENE	302 ANDOVER PL, G-168	SUN CITY CENTER, FL 33573	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VD	MCGILLICUDAY, JOSEPH	302 ANDOVER PL, G165	SUN CITY CENTER, FL 33573	<input type="checkbox"/>	<input checked="" type="checkbox"/>
SD	COLE, LORENA	302 ANDOVER PL, G152	SUN CITY CENTER, FL 33573	<input type="checkbox"/>	<input checked="" type="checkbox"/>
D	FARRELL, DONALD	302 ANDOVER PL, G155	SUN CITY CENTER, FL 33573	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SARAH J. MAGUIRE**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/01

Date

813-634-5750

Daytime Phone #

CR2E037 (10/00)