

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90468 001 ****61.25

DOCUMENT # N00426

1. Entity Name
ANDOVER G CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business STERLING MANAGEMENT 723 IMAR DRIVE SUN CITY CENTER FL 33573	Mailing Address STERLING MANAGEMENT 723 IMAR DRIVE SUN CITY CENTER FL 33573
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2155845	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent				
MAY, BRIAN L STERLING MANAGEMENT 723 IMAR DRIVE SUN CITY CENTER FL 33573		Name BECKER & POLIAKOFF, P.A.				
		Street Address (P.O. Box Number is Not Acceptable) 2401 WEST BAY DRIVE, SUITE 414				
		City LARGO		FL		Zip Code 33770

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 *Ellen Hirsch de Haan*
Signature and one printed name of registered agent and firm, if applicable. (NOTE: Registered Agent signature required when reinstating)
ELLEN HIRSCH DE HAAN, J.D. for the Firm DATE

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAGUIRE, SARAH J 302 ANDOVER PL #151 SUN CITY CTR FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VDD Farrell, Donald 302 Andover Pl. G-155 Sun City Center, FL 33573 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CAISSIE, IRENE 302 ANDOVER PL, G-168 SUN CITY CENTER FL 33573 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD Caissie, Irene 302 Andover Pl. G-168 Sun City Center, FL 33573 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCGILLICUDAY, JOSEPH 302 ANDOVER PL, G-165 SUN CITY CENTER FL 33573 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD COLE, LORENA 302 ANDOVER PL, G-152 SUN CITY CENTER FL 33573 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FARRELL, DONALD 302 ANDOVER PL, G-155 SUN CITY CENTER FL 33573 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Maguire* **SIGNATURE REQUIRED** **4/3/02** **813-634-5750**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)