2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT OCUMENT # N00426 Entity Name NDOVER G CONDOMINIUM ASSOCIATION, INC.

FILED Apr 17, 2007 8:00 am Secretary of State

1. Entity Nan	MENT # N00426 FR G CONDOMINIUM ASSO		92		90047 025		25	
Principal Place of Business STERLING MANAGEMENT 1701-B RICKENBACKER DRIVE SUN CITY CENTER, FL 33573		Mailing Address STERLING MANAGEME 1701-B RICKENBACK SUN CITY CENTER, FL	er drive	\$ (TANK) \$ (1 AAK)				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		02022007 _C	hg-NP	CR2E037	(12/06)	
City & State		City & State		4. FEI Number 59-215584				oplied For
Zip	Country	Zip	Country	5. Certificate of S	tatus Desired		8.75 Add	ltional
	6. Name and Address of Current	Registered Agent		7. Name and Add	iress of New	Registered A	gent	· · · · · · · · · · · · · · · · · · ·
			Name					· · ·
LAW OFFICES OF JAMES R DEFURIO, PA 201 EAST KENNEDY BLVD SUITE 1460			Street Add	reet Address (P.O. Box Number is Not Acceptable)				
TAMPA, F	L 33602							
			City			FL	Zip Cod	е
8. The above the obligat	named entity submits this statement for tions of registered agent.	or the purpose of changing it	s registered office or re	egistered agent, or both, in	the State of	Florida. I am fa	miliar with,	and accept
SIGNATURE								
I SIGNATURE	Classical panel of pulsary and all and an all and a sure							
SIGNATURE	Signature, typed or printed name of registered agent	· · · · · · · · · · · · · · · · · · ·	ITE: Registered Agent signature	required when reinstating)	1	DATE		··············
SIGIVATORE	Signature, typed or printed name of registered agent Filling Fee Is \$61.25 Due by May 1, 2007	9. Election Ca	TE: Registered Agent signature ampaign Financing Contribution.	\$5.00 May Be	FI	Make check orida Departr		
10.	Filing Fee Is \$61.25 Due by May 1, 2007 OFFICERS AND DI	9. Election Ca Trust Fund	ampaign Financing	\$5.00 May Be	ļ	Make check orida Departr	ment of Si	tate
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12. I nereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: SHARLY MAGUINE SARAH MAGUINE-PRES. 4/6 67 642-8997