

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90156 009 \*\*\*\*61.25

**DOCUMENT # N00426**

1. Entity Name

**ANDOVER G CONDOMINIUM ASSOCIATION, INC.**



\*\*\*\*\*New Address\*\*\*\*\*

Sterling Management  
1701-B Rickenbacker Drive  
Sun City Center, FL 33573

\*\*\*\*\*New Address\*\*\*\*\*

Sterling Management  
1701-B Rickenbacker Drive  
Sun City Center, FL 33573

**10083892**



CHECK HERE IF MAKING CHANGES

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

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
<b>BECKER &amp; POLIAKOFF, PA</b> <b>2401 WEST BAY DRIVE</b> <b>SUITE 414</b> <b>LARGO FL 33770</b>				Name			
				Street Address			
				City			
				Zip Code			
				<b>James R. De Furio, Esquire</b> <b>101 E. Kennedy Blvd., Suite 1030</b> <b>Tampa, FL 33602</b>			

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *James R. De Furio Attorney* **MAR 25 2003**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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 Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<b>PD</b> <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAGUIRE, SARAH J.</b>	NAME	
STREET ADDRESS	<b>302 ANDOVER PL #151</b>	STREET ADDRESS	
CITY-ST-ZIP	<b>SUN CITY CTR FL</b>	CITY-ST-ZIP	
TITLE	<b>TSD</b> <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>CAISSIE, IRENE</b>	NAME	<b>TSD Farrell, Donald</b>
STREET ADDRESS	<b>302 ANDOVER PL, G-168</b>	STREET ADDRESS	<b>302 Andover Pl. G-155</b>
CITY-ST-ZIP	<b>SUN CITY CENTER FL 33573</b>	CITY-ST-ZIP	<b>Sun City Center, FL 33573</b>
TITLE	<b>VPD</b> <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>FARRELL, DONALD</b>	NAME	<b>VD McGillicuddy, Joseph</b>
STREET ADDRESS	<b>302 ANDOVER PL, G-155</b>	STREET ADDRESS	<b>302 Andover Pl. G-165</b>
CITY-ST-ZIP	<b>SUN CITY CENTER FL 33573</b>	CITY-ST-ZIP	<b>Sun City Center, FL 33573</b>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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*

2/26/03

813-634-5750

CR2E037 (10/02)