2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State
02-21-2002 90130 031 ****61.25

DOCUMENT # N26836

1. Entity Name

ANDOVER SQUARE I CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1100 6TH AVENUE SOUTH SUITE 201 NAPLES FL 34102 US	1100 FIFTH AVE. S. SUITE 201 NAPLES FL 34102 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
4100 CORPORATE SQ	% ANCHOR ASSOC INC
Suite, Apt. #, etc.: 105	Suite, Apt. #, etc.: 4100 CORPORATE SQ #105
City & State: NAPLES, FL	City & State: NAPLES, FL
Zip: 34104 Country: USA	Zip: 34104 Country: USA

4. FEI Number: 65-0072373 ☐ Applied For ☐ Not Applicable

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
ROBERT HALL & ASSOC., INC. 1100 FIFTH AVE. S. #201 NAPLES FL 34102	Name: ANCHOR ASSOCIATES INC Street Address (P.O. Box Number is Not Acceptable): 4100 CORPORATE SQ #105 City: NAPLES FL Zip Code: 34104

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: J E Lavinski, PRES J.E. LAVINSKI 2-5-02
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 Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD HOSKER, ALFRED 4532 ANDOVER WAY, #203 NAPLES FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD JEANNE LUDWIG 4548 ANDOVER WAY #206 NAPLES, FL 34112	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DOYLE, ROBERT 4564 ANDOVER WAY #103 NAPLES FL 34112	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KARLSSON, LEE 4588 ANDOUER WAY #105 NAPLES FL 34112	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MESSINGER, CARL 4556 ANDOVER WAY # 205 NAPLES FL 34112	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD JOSEPH LAPLANTE 4588 ANDOVER WAY #301 NAPLES, FL 34112	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD JOHN KINEL 4532 ANDOVER WAY # 106 NAPLES, FL 34112	☐ Change ☒ Addition

CR2E037 (9/01)

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: Robert Doyle ROBERT DOYLE 2-7-02 941 775-4237
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #