


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

04-17-2007 90046 034 ****61.25

DOCUMENT # N00424	
1. Entity Name ANDOVER C CONDOMINIUM ASSOCIATION, INC.	

Principal Place of Business STERLING MANAGEMENT 1701-B RICKENBACKER DRIVE SUN CITY CENTER, FL 33573	Mailing Address STERLING MANAGEMENT 1701-B RICKENBACKER DRIVE SUN CITY CENTER, FL 33573
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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02022007 Chg-NP CR2E037 (12/06)

City & State	City & State	4. FEI Number 59-2155834	Applied For Not Applicable
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Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
LAW OFF OF JAMES R DE FURIO, P.A. 201 EAST KENNEDY BLVD SUITE 1460 TAMPA, FL 33602		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	VD	<input type="checkbox"/> Delete		TITLE	PD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	SCHALLART, JAMES			NAME	Miller, Dale		
STREET ADDRESS	205 KINGS BLVD C-55			STREET ADDRESS	205 Kings Blvd. C51		
CITY-ST-ZIP	SUN CITY CENTER, FL 33573			CITY-ST-ZIP	Sun City Center, FL 33573		
TITLE	SD	<input type="checkbox"/> Delete		TITLE	TD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	REPETTI, SYLVIA			NAME	Miller, Mary		
STREET ADDRESS	205 KINGS BLVD. C-57			STREET ADDRESS	205 Kings Blvd C51		
CITY-ST-ZIP	SUN CITY CENTER, FL 33573			CITY-ST-ZIP	Sun City Center, FL 33573		
TITLE	PD	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MIKITA, VERONICA			NAME	Mikita, Veronica		
STREET ADDRESS	205 KINGS BLVD C-58			STREET ADDRESS	205 Kings Blvd. C58		
CITY-ST-ZIP	SUN CITY CENTER, FL			CITY-ST-ZIP	Sun City Center, FL 33573		
TITLE	TD	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MILLER, DALE			NAME			
STREET ADDRESS	205 KINGS BLVD C-51			STREET ADDRESS			
CITY-ST-ZIP	SUN CITY CENTER, FL 33573			CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PLATTS, HARRY			NAME			
STREET ADDRESS	205 KINGS BLVD. C64			STREET ADDRESS			
CITY-ST-ZIP	SUN CITY CENTER, FL 33573			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 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: Dale Miller DALE MILLER - PRESIDENT 3/24/07 642-8990 (813)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #