2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 24, 2006 08:00 AN Secretary of State

DOCUMENT # NUU426 1. Entity Name ANDOVER G CONDOMINIUM ASSOCIATION, INC.									Sec	ereta	ry of	State	
STERLING MANAGEMENT S 1701-B RICKENBACKER DRIVE 1				Mailing Address Sterling Management 1701-B Rickenbacker Drive Sun City Center, FL 33573				88/15 41878 (1878 8 1)					
2. Principal Place of Business			3. Mailing Address				<u> </u>						
Suite, Apt. #, etc.			Suite, Apt. #, etc.			<u> </u>		01192006 CI	ng-NP	CR2E0	37 (11/05)		
City & State			City & State					4. FE! Number Applied For 59-2155845 Not Applicable					
Zip Country				Zip Cou				5. Certificate of Status Desired					
<u> </u>	6. Name	and Address of Current I	Registere	d Agent	<u></u>	Name		7. Name and Add	ress of New R	tegistered	Agent		
LAW OFFICES OF JAMES R DEFURIO, PA 201 EAST KENNEDY BLVD				Nam			ddress (I	ess (P.O. Box Number is Not Acceptable)					
SUITE 146 TAMPA, F	30		٠										
					50 <u>+ .</u> .	City					Zip Cod		
	e named entit tions of regis	ty submits this statement for tered agent.	the purp	ose of changing its	register	ed office or	register	ed agent, or both, in	the State of Flo	orida. I am	familiar with,	and accept	
SIGNATURE.	Signature, typed	for printed name of registered agent a	end title if app	licable (NOTE	: Registere	d Agent signate	ле required	when reinstating)	<u>, -, -, -</u>	DATE			
Filling Fee is \$61.25 9. Election Car								\$5.00 May Be Added to Fees Florida Department of State					
-				9. Election Can Trust Fund C		inancing		\$5.00 May Be Added to Fees				0	
10.		May 1, 2006	RECTORS		Contributi	inancing		Added to Fees	Flor	ida Depa	rtment of St	o tate	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MAGUIRE		RECTORS		11. TITLE NAMI	inancing ion.		Added to Fees ADDITIONS/CHANG	Flor	ida Depa RS AND D	rtment of St IRECTORS IN	tate	
TITLE NAME STREET ADDRESS	PD MAGUIRE 302 ANDO SUN CIT' TSD MCGUIRE 302 ANDO ANDO ANDO ANDO ANDO ANDO ANDO ANDO	VAy 1, 2006 OFFICERS AND DIR E, SARAH J OVER PL #151	RECTORS	Trust Fund C	11. TITLE NAMI STRE CITY TITLE NAMI STRE	inancing ion. E E ET ADDRESS -ST-ZIP		Added to Fees ADDITIONS/CHANG	Flor ES TO OFFICE	ida Depa RS AND D	rtment of St IRECTORS IN	tate	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	PD MAGUIRE 302 ANDO SUN CITY VD COLE, LC 302 ANDO SUN CITY VD	FAY 1, 2006 OFFICERS AND DIR E, SARAH J OVER PL #151 Y CTR, FL E, JOANNE OVER PL. G-147 Y CENTER, FL 33573 ORANNA OVER PL. G-152	BECTORS	Trust Fund C	11. TITLE MAMM STRE CITY TITLE NAMM STRE CITY TITLE NAMM STRE CITY TITLE NAMM STRE CITY TITLE NAMM STRE	E E ET ADDRESS -ST-ZIP		Added to Fees ADDITIONS/CHANG	Flor ES TO OFFICE	ida Depa	rtment of St IRECTORS IN Change Old 61.	tate 110 Addition Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	PD MAGUIRE 302 ANDO SUN CITY VD COLE, LC 302 ANDO SUN CITY VD	FAY 1, 2006 OFFICERS AND DIR E, SARAH J OVER PL #151 Y CTR, FL E, JOANNE OVER PL. G-147 Y CENTER, FL 33573 ORANNA OVER PL. G-152	AECTORS	Trust Fund C	TITLE NAME STREE CITY TITLE NAME STREE STREE NAME STREE STREE NAME STREE STREE	Tinancing Tinanc		Added to Fees ADDITIONS/CHANG	Flor ES TO OFFICE	ida Depa	rtment of St IRECTORS IN Change Oll 61. Change	tate 1 10 Addition 25 Addition	
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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 cath; 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

Salah O. Maquile
SIGNATURE AND THE OR PRINTED NOTE OF SIGNING OFFICER OR DIRECTOR

3/14/06

634-5750