

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00426

FILED
Apr 20, 2009
Secretary of State

Entity Name: ANDOVER G CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

STERLING MANAGEMENT
1904 CLUBHOUSE DRIVE
SUN CITY CENTER, FL 33573

New Principal Place of Business:

Current Mailing Address:

STERLING MANAGEMENT
1904 CLUBHOUSE DRIVE
SUN CITY CENTER, FL 33573

New Mailing Address:

FEI Number: 59-2155845

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAW OFFICES OF JAMES R. DEFURIO PA
201 EAST KENNEDY BLVD
SUITE 1460
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: MAGUIRE, SARAH J
Address: 302 ANDOVER PL #151
City-St-Zip: SUN CITY CTR, FL

Title: TSD () Delete
Name: MCGUIRE, JOANNE
Address: 302 ANDOVER PL. G-147
City-St-Zip: SUN CITY CENTER, FL 33573

Title: VP (X) Delete
Name: MURRAY, PATRICIA
Address: 302 ANDOVER PLACE G-146
City-St-Zip: SUN CITY CENTER, FL 33573

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: MCGUIRE, JOANNE
Address: 302 ANDOVER PL. G147
City-St-Zip: SUN CITY CENTER, FL 33573

Title: VD (X) Change () Addition
Name: MURRAY, PATRICIA
Address: 302 ANDOVER PL. G146
City-St-Zip: SUN CITY CENTER, FL 33573

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN L. MAY

MGR

04/20/2009

Electronic Signature of Signing Officer or Director

Date