


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90320 022 ****61.25

DOCUMENT # N00432 1. Entity Name ANDOVER A OF KINGS POINT CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business STERLING MANAGEMENT, INC. 1701-B RICKENBACKER DRIVE SUN CITY CENTER, FL 33573			Mailing Address STERLING MANAGEMENT, INC. 1701-B RICKENBACKER DRIVE SUN CITY CENTER, FL 33573		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
LAW OFFICES OF JAMES R DEFURIO, PA 201 EAST KENNEDY BLVD SUITE 1460 TAMPA, FL 33602				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		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			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD SCHLEGEL, JAMES <input checked="" type="checkbox"/> Delete		TITLE	PD Goth, Jack <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	201 KINGS BLVD., A24		NAME	201 Kings Blvd. A-1	
STREET ADDRESS	SUN CITY CENTER, FL 33573		STREET ADDRESS	Sun City Center, FL 33573	
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	TD LINDLEY, MARGARET <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	201 KINGS BLVD, A2		NAME		
STREET ADDRESS	SUN CITY CENTER, FL 33573		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	D GOTH, JACK <input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	201 KINGS BLVD A-1		NAME		
STREET ADDRESS	SUN CITY CENTER, FL 33573		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	VD MCKENNA, THOMAS <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	201 KINGS BLVD 15		NAME		
STREET ADDRESS	SUN CITY CENTER, FL		STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	SD GOTH, LESLIE <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	201 KINGS BLVD. A1		NAME		
STREET ADDRESS	SUN CITY CENTER, FL 33573		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 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: <i>Jack Goth</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			3/10/06 634-2423 <small>Date Daytime Phone #</small>		