

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 29, 2008 8:00 am
Secretary of State**

04-29-2008 90081 038 ****61.25

40088513



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 - No P.O. Box #

3. Mailing Address

**Sterling Management
1904 Clubhouse Drive
Sun City Center, FL 33573**

apt. #, etc.

State

Country

01182008 Chg-NP CR2E037 (12/06)

Applied For
Not Applicable

4. FEI Number
59-2155831

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

**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

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, 2008**

9. Election Campaign Financing
Trust Fund Contribution.

**\$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** Delete
NAME **GOTH, JACK**
STREET ADDRESS **201 KINGS BLVD A-1**
CITY-ST-ZIP **SUN CITY CENTER, FL 33573**

TITLE **D** Change Addition
NAME **Dale Peacock**
STREET ADDRESS **201 Kings Blvd. A-21**
CITY-ST-ZIP **Sun City Center, FL 33573**

TITLE **STD** Delete
NAME **LINDLEY, MARGARET**
STREET ADDRESS **201 KINGS BLVD, A2**
CITY-ST-ZIP **SUN CITY CENTER, FL 33573**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VD** Delete
NAME **MCKENNA, THOMAS**
STREET ADDRESS **201 KINGS BLVD 15**
CITY-ST-ZIP **SUN CITY CENTER, FL**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** Delete
NAME **GOTH, LESLIE**
STREET ADDRESS **201 KINGS BLVD. A1**
CITY-ST-ZIP **SUN CITY CENTER, FL 33573**

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE Change Addition
NAME
STREET ADDRESS
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: *Jack R. H. G.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/08 813-634-2423

Date

Daytime Phone #