FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N00433** **(5)**

1. Corporation Name

ANDOVER D OF KINGS POINT CONDOMINIUM ASSOCIATION , INC.

Principal Place of Business	Mailing Address
1904 CLUBHOUSE DRIVE SUN CITY CENTER FL 33573-4351	1904 CLUBHOUSE DRIVE SUN CITY CENTER FL 33573-4351

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **12/16/1983**
3a. Date of Last Report: **04/25/1994**
4. FEI Number: **59-2155840** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

GREENE, ROBERT E.
PROFESSIONAL COMMUNITY SERVICES CORP.
1904 CLUBHOUSE DRIVE
SUN CITY CENTER FL 33573

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) Florida Lifestyle Management
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	BOSTWICK, KEITH	12 NAME	
STREET ADDRESS	206 ANDOVER PL #73	13 STREET ADDRESS	
CITY ST ZIP	SUN CITY CENTER FL	14 CITY ST ZIP	
TITLE	VD	21 TITLE	☐ Change ☐ Addition
NAME	LAZZARO, CHARLES	22 NAME	
STREET ADDRESS	206 ANDOVER PLACE, SUITE 87	23 STREET ADDRESS	
CITY ST ZIP	SUN CITY CENTER FL	24 CITY ST ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	AURELIO, JOSEPH	32 NAME	
STREET ADDRESS	206 ANDOVER PL.,#84	33 STREET ADDRESS	
CITY ST ZIP	SUN CITY CTR, FL 00000	34 CITY ST ZIP	
TITLE	SD	41 TITLE	☐ Change ☐ Addition
NAME	GREFATH, CORA	42 NAME	
STREET ADDRESS	206 ANDOVER PL., #85	43 STREET ADDRESS	
CITY ST ZIP	SUN CITY CTR, FL 00000	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	GOLDSTEIN, JEAN	52 NAME	
STREET ADDRESS	206 ANDOVER PL.,#81	53 STREET ADDRESS	
CITY ST ZIP	SUN CITY CENTER FL	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Keith Bostwick Keith Bostwick 3-23-95 633-2645
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0013007