

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N00433 (5)
1. Corporation Name

ANDOVER D OF KINGS POINT CONDOMINIUM ASSOCIATION
, INC.



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

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

GREENE, ROBERT E.
FLORIDA LIFESTYLE MANAGEMENT
1904 CLUBHOUSE DRIVE
SUN CITY CENTER FL 33573

3. Date Incorporated or Qualified 12/16/1983
3a. Date of Last Report 05/01/1995

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

8. This corporation has liability for intangible tax under s. 189.032, Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME BOSTWICK, KEITH
STREET ADDRESS 206 ANDOVER PL #73
CITY-ST-ZIP SUN CITY CENTER FL

TITLE VD
NAME LAZZARO, CHARLES
STREET ADDRESS 206 ANDOVER PLACE, SUITE 87
CITY-ST-ZIP SUN CITY CENTER FL

TITLE TD
NAME AURELIO, JOSEPH
STREET ADDRESS 206 ANDOVER PL., #84
CITY-ST-ZIP SUN CITY CTR, FL 00000

TITLE SD
NAME GREFATH, CORA
STREET ADDRESS 206 ANDOVER PL., #85
CITY-ST-ZIP SUN CITY CTR, FL 00000

TITLE D
NAME GOLDSTEIN, JEAN
STREET ADDRESS 206 ANDOVER PL., #81
CITY-ST-ZIP SUN CITY CENTER FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE TD
3.2 NAME SIVER, HARRY
3.3 STREET ADDRESS 206 ANDOVER PL., #D96
3.4 CITY-ST-ZIP SUN CITY CENTER, FL 33573 ☒ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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)(k), 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 3-19-96 633-2645
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)