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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N00433

1. Corporation Name

ANDOVER D OF KINGS POINT CONDOMINIUM ASSOCIATION
, INC.

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

Mailing Address
1904 CLUBHOUSE DRIVE
SUN CITY CENTER FL 33573-4351



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

12/16/1983

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

9. Name and Address of Current Registered Agent

GREENE, ROBERT E.
FLORIDA LIFESTYLE MANAGEMENT
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)

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	<input checked="" type="checkbox"/> DELETE
NAME	BOSTWICK, KEITH	
STREET ADDRESS	206 ANDOVER PL #73	
CITY-ST-ZIP	SUN CITY CENTER FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	LAZZARO, CHARLES	
STREET ADDRESS	206 ANDOVER PLACE, SUITE 87	
CITY-ST-ZIP	SUN CITY CENTER FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	SIVER, HARRY	
STREET ADDRESS	206 ANDOVER PL, #D96	
CITY-ST-ZIP	SUN CITY CTR, FL 33573	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	ALLEN, DORIS	
STREET ADDRESS	206 ANDOVER PL 77	
CITY-ST-ZIP	SUN CITY CTR, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GOLDSTEIN, JEAN	
STREET ADDRESS	206 ANDOVER PL, #81	
CITY-ST-ZIP	SUN CITY CENTER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RICHARD MILLS	
1.3 STREET ADDRESS	206 ANDOVER PLACE #76	
1.4 CITY-ST-ZIP	SUN CITY CENTER, FL	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JOAN MARTIN	
2.3 STREET ADDRESS	206 ANDOVER PLACE #79	
2.4 CITY-ST-ZIP	SUN CITY CENTER FL	
3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	LESTER JENKINS	
3.3 STREET ADDRESS	206 ANDOVER PLACE #74	
3.4 CITY-ST-ZIP	SUN CITY CENTER, FL	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	PENNEY CAMP	
5.3 STREET ADDRESS	206 ANDOVER PLACE #75	
5.4 CITY-ST-ZIP	SUN CITY CENTER, FL	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

RICHARD MILLS
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 13, 1999 813-634-5998
DATE DAYTIME PHONE #

CR2E037 (11/98)