

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00433

1. Entity Name

ANDOVER D OF KINGS POINT CONDOMINIUM ASSOCIATION

Principal Place of Business

1904 CLUBHOUSE DRIVE  
SUN CITY CENTER FL 33573-4351

Mailing Address

1904 CLUBHOUSE DRIVE  
SUN CITY CENTER FL 33573-5912

2. Principal Place of Business

Sterling Management, Inc.

Suite, Apt. # 723 Imar Drive  
Sun City Center, FL 33573  
City & State

3. Mailing Address

Sterling Management, Inc.

Suite, Apt. # 723 Imar Drive  
Sun City Center, FL 33573  
City & State

Zip

Country

Zip

Country

4. FEI Number

59-2155840

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Stre Brian L. May/Sterling Management

723 Imar Drive

City

Sun City Center, FL 33573

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete  
NAME MILLS, RICHARD  
STREET ADDRESS 206 ANDOVER PL, #76  
CITY-ST-ZIP SUN CITY CENTER FL

TITLE VD ☐ Delete  
NAME MARTIN, JOAN  
STREET ADDRESS 206 ANDOVER PL #78  
CITY-ST-ZIP SUN CITY CENTER FL

TITLE TD ☐ Delete  
NAME JENKINS, LESTER  
STREET ADDRESS 206 ANDOVER PL #74  
CITY-ST-ZIP SUN CITY CENTER FL

TITLE SD ☐ Delete  
NAME ALLEN, DORIS  
STREET ADDRESS 206 ANDOVER PL 77  
CITY-ST-ZIP SUN CITY CTR, FL 00000

TITLE D ☐ Delete  
NAME CAMP, PENNY  
STREET ADDRESS 206 ANDOVER PL, #74  
CITY-ST-ZIP SUN CITY CENTER FL

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Vice President ☐ Change ☒ Addition  
NAME Bruce Allen  
STREET ADDRESS 206 Andover Pl #77  
CITY-ST-ZIP Sun City Center, FL 33573

TITLE President ☒ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 exemption stated in Section 119.07(3)(i), 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: JOAN MARTIN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/31/2000

Date

(813) 634-9433

Daytime Phone #

CR2E037 (9/99)