

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90469 001 ****61.25

DOCUMENT # N00433

1. Entity Name

ANDOVER D OF KINGS POINT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**STERLING MANAGEMENT, INC.
 723 IMAR DRIVE
 SUN CITY CENTER FL 33573**

**STERLING MANAGEMENT, INC.
 723 IMAR DRIVE
 SUN CITY CENTER FL 33573**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

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

7. Name and Address of New Registered Agent

**MAY, BRIAN L
 STERLING MANAGEMENT
 723 IMAR DRIVE
 SUN CITY CENTER FL 33573**

Name **BECKER & POLIAKOFF, P.A.**

Street Address (P.O. Box Number is Not Acceptable)

2401 WEST BAY DRIVE, SUITE 414

City **LARGO**

FL

Zip Code **33770**

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

Ellen Hirsch de Haan

DATE

ELLEN HIRSCH de HAAN, U.D. for the Firm

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete
 NAME **ALLEN, BRUCE**
 STREET ADDRESS **206 ANDOVER PL N D77**
 CITY-ST-ZIP **SUN CITY CENTER FL 33573**

TITLE **TD** ☐ Change ☒ Addition
 NAME **Lazzaro, Charles**
 STREET ADDRESS **206 Andover Pl. N. D-81**
 CITY-ST-ZIP **Sun City center, FL 33573**

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

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

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

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

TITLE **SD** ☐ Delete
 NAME **MARTIN, JOAN**
 STREET ADDRESS **206 ANDOVER PL N D78**
 CITY-ST-ZIP **SUN CITY CENTER FL 33573**

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

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

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 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:

SIGNATURE REQUIRED

Bruce Allen 4-3

Pres.

CR2E037 (9/01)