

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90359 008 ****61.25

DOCUMENT # N00433

1. Entity Name

**ANDOVER D OF KINGS POINT CONDOMINIUM
ASSOCIATION, INC.**



Principal Place of Business

**STERLING MANAGEMENT, INC.
1701-B RICKENBACKER DRIVE
SUN CITY CENTER FL 33573**

Mailing Address

**STERLING MANAGEMENT, INC.
1701-B RICKENBACKER 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



MOORE

CR2E037 (11/03)

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

**DE FURIO, JAMES R ESQ.
101 E KENNEDY BLVD STE 1030
TAMPA FL 33602**

Name

Street

**James R. Defurio, Esquire
101 E. Kennedy Blvd. Suite 3000
Tampa, FL 33602**

City

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-27-04

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE PD
NAME Spiller, Ernie ☐ Change ☒ Addition
STREET ADDRESS 206 Andover Pl. N. D-80
CITY-ST-ZIP Sun City Center, FL 33573

TITLE TD
NAME LAZZARO, CHARLES ☒ Delete
STREET ADDRESS 206 ANDOVER PL N D-81
CITY-ST-ZIP SUN CITY CENTER FL 33573

TITLE TD
NAME Korkowski, Leon ☐ Change ☒ Addition
STREET ADDRESS 206 Andover Pl. N. D-73
CITY-ST-ZIP Sun City Center, FL 33573

TITLE SD
NAME LOWERY, PAULA ☐ Delete
STREET ADDRESS 206 ANDOVER PL N D88
CITY-ST-ZIP SUN CITY CENTER FL 33573

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Malinda M. H. Acosta **813-692-8990**