

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00433

FILED
Apr 20, 2009
Secretary of State

Entity Name: ANDOVER D OF KINGS POINT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

STERLING MANAGEMENT, INC.
1904 CLUBHOUSE DRIVE
SUN CITY CENTER, FL 33573

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

STERLING MANAGEMENT, INC.
1904 CLUBHOUSE DRIVE
SUN CITY CENTER, FL 33573

FEI Number: 59-2155840

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DEFURIO, JAMES R
201 E KENNEDY BLVD STE 1460
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ROCCO, NORM
Address: 206 ANDOVER PL NORTH D94
City-St-Zip: SUN CITY CENTER, FL 33573

Title: SD () Delete
Name: LOWERY, PAULA
Address: 206 ANDOVER PL N D88
City-St-Zip: SUN CITY CENTER, FL 33573

Title: TD (X) Delete
Name: KORKOWSKI, LEON
Address: 206 ANDOVER PL. N. D-87
City-St-Zip: SUN CITY CENTER, FL 33573

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VPSD (X) Change () Addition
Name: LOWERY, PAULA
Address: 206 ANDOVER PL N D88
City-St-Zip: SUN CITY CENTER, FL 33573

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN L. MAY

GM

04/20/2009

Electronic Signature of Signing Officer or Director

Date