

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 23, 2003 8:00 am**  
**Secretary of State**

04-23-2003 90156 006 \*\*\*\*61.25

**DOCUMENT # N00433**

1. Entity Name

**ANDOVER D OF KINGS POINT CONDOMINIUM ASSOCIATION**



\*\*\*\*\*New Address\*\*\*\*\*

**Sterling Management  
1701-B Rickenbacker Drive  
Sun City Center, FL 33573**

\*\*\*\*\*New Address\*\*\*\*\*

**Sterling Management  
1701-B Rickenbacker Drive  
Sun City Center, FL 33573**

**10083895**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

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

**BECKER & POLIAKOFF, P.A.  
2401 WEST BAY DRIVE  
SUITE 414  
LARGO FL 33770**

Name

Street Address

City

7. Name and Address of New Registered Agent

**James R. De Furio, Esquire  
101 E. Kennedy Blvd., Suite 1030  
Tampa, FL 33602**

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

*Attorney*

(NOTE: Registered Agent signature required when reinstating)

**MAR 25 2003**

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

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

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

TITLE ☐ Change ☒ Addition  
NAME **SD Lowery, Paula**  
STREET ADDRESS **206 Andover Pl. N. D88**  
CITY-ST-ZIP **Sun City Center, FL 33573**

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:

*[Signature]*  
**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)