FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N00440 (0)

1. Corporation Name

ANDOVER F OF KINGS POINT CONDOMINIUM ASSOCIATION , INC.

Principal Place of Business	Mailing Address
1904 CLUBHOUSE DRIVE SUN CITY CENTER FL 33573-4351	1904 CLUBHOUSE DRIVE SUN CITY CENTER FL 33573-4351

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/16/1983
3a. Date of Last Report: 04/25/1994
4. FEI Number: 59-2138319 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GREENE, ROBERT E.
% PROFESSIONAL COMMUNITY SERVICES CORP.
1904 CLUBHOUSE DRIVE
SUN CITY CENTER FL 33573

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable): Florida Lifestyle Management
83
84 City: FL — 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
11 TITLE	PD	11 TITLE	T/D	☒ Change ☐ Addition
12 NAME	MCINTYRE, ANN	12 NAME		
13 STREET ADDRESS	301 KINGS BLVD #136	13 STREET ADDRESS		
14 CITY ST ZIP	SUN CITY CENTER FL	14 CITY ST ZIP		
21 TITLE	DS	21 TITLE		☐ Change ☐ Addition
22 NAME	BRACY, BETTY	22 NAME		
23 STREET ADDRESS	301 KINGS BLVD., #127	23 STREET ADDRESS		
24 CITY ST ZIP	SUN CITY CENTER FL	24 CITY ST ZIP		
31 TITLE	VD	31 TITLE	D	☒ Change ☐ Addition
32 NAME	MAY, ROSE	32 NAME		
33 STREET ADDRESS	301 KINGS BLVD., #125	33 STREET ADDRESS		
34 CITY ST ZIP	SUN CITY CENTER FL	34 CITY ST ZIP		
41 TITLE	TD	41 TITLE	P/D	☒ Change ☐ Addition
42 NAME	SHERIDAN, TOM	42 NAME	Eishauer, Heinz	
43 STREET ADDRESS	301 KINGS BLVD #131	43 STREET ADDRESS	301 Kings Blvd #129	
44 CITY ST ZIP	SUN CITY CENTER FL	44 CITY ST ZIP	Sun City Center FL	
51 TITLE	D	51 TITLE	V/D	☒ Change ☐ Addition
52 NAME	KIRCHNER, MIKE	52 NAME	Harper, Florence	
53 STREET ADDRESS	301 KINGS BLVD #132	53 STREET ADDRESS	301 Kings Blvd #128	
54 CITY ST ZIP	SUN CITY CENTER FL	54 CITY ST ZIP	Sun City Center FL	
61 TITLE		61 TITLE		☐ Change ☐ Addition
62 NAME		62 NAME		
63 STREET ADDRESS		63 STREET ADDRESS		
64 CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ann McIntyre ANN McINTYRE 3/28/95
SIGNATURE AND TYPED OR PRINTED NAME OF DIONING OFFICER OR DIRECTOR — Date

634/575

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