

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N00440

1. Entity Name

ANDOVER F OF KINGS POINT CONDOMINIUM ASSOCIATION

FILED
Jun 23, 2000 8:00 am
Secretary of State

06-23-2000 90107 001 ****61.25

Principal Place of Business

1904 CLUBHOUSE DRIVE
SUN CITY CENTER FL 33573-4351

Mailing Address

1904 CLUBHOUSE DRIVE
SUN CITY CENTER FL 33573-5912

2. Principal Place of Business

Sterling Management, Inc.

3. Mailing Address

Sterling Management, Inc.

Suite, Apt. **723 Imar Drive**
Sun City Center, FL 33573
City & State

Suite, Apt. **723 Imar Drive**
Sun City Center, FL 33573
City & State

DO NOT WRITE IN THIS SPACE

Zip

Country

Zip

Country

4. FEI Number

59-2138319

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GREENE, ROBERT E.
FLORIDA LIFESYLE MANAGEMENT
1904 CLUBHOUSE DRIVE
SUN CITY CENTER FL 33573

Brian L. May/Sterling Management
723 Imar Drive
Sun City Center, FL 33573

Registered Agent

FL

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

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 Department of State

10. OFFICERS AND DIRECTORS

TITLE **SD** ☐ Delete
NAME **LALUZERNE, JOYCE M**
STREET ADDRESS **301 KINGS BLVD AF 133**
CITY-ST-ZIP **SUN CITY CENTER FL**

TITLE **TD** ☒ Delete
NAME **MCINTYRE, ANN**
STREET ADDRESS **301 KINGS BLVD AF 136**
CITY-ST-ZIP **SUN CITY CENTER FL 33573**

TITLE **D** ☒ Delete
NAME **BALL, PHYLLIS**
STREET ADDRESS **301 KINGS BLVD AF 135**
CITY-ST-ZIP **SUN CITY CENTER FL**

TITLE **VD** ☐ Delete
NAME **BRACY, ELIZABETH**
STREET ADDRESS **301 KINGS BLVD AF 127**
CITY-ST-ZIP **SUN CITY CENTER FL**

TITLE **PD** ☒ Delete
NAME **HARPER, FLORENCE**
STREET ADDRESS **301 KINGS BLVD #128**
CITY-ST-ZIP **SUN CITY CENTER FL**

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 **Treasurer**
STREET ADDRESS **Lynn Kjollesdal**
CITY-ST-ZIP **301 Kings Blvd., F138**
Sun City Center, FL 33573

TITLE ☐ Change ☒ Addition
NAME **Director**
STREET ADDRESS **Christine Wall**
CITY-ST-ZIP **301 Kings Blvd., F144**
Sun City Center, FL 33573

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

TITLE ☐ Change ☒ Addition
NAME **President**
STREET ADDRESS **Jan Kjollesdal**
CITY-ST-ZIP **301 Kings Blvd., F138**
Sun City Center, FL 33573

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E(037 (9/93)