2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State
04-24-2001 90266 003 ****61.25

DOCUMENT # N00440

1. Entity Name

ANDOVER F OF KINGS POINT CONDOMINIUM ASSOCIATION

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

2. Principal Place of Business	3. Mailing Address
STERLING MANAGEMENT	STERLING MANAGEMENT
Suite, Apt. #, etc.: 723 IMAR DR	Suite, Apt. #, etc.: 723 IMAR DR
City & State: SUN CITY CENTER, FL	City & State: SUN CITY CENTER FL
Zip: 33573 Country:	Zip: 33573 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	7. Name and Address of New Registered Agent
GREENE, ROBERT E. FLORIDA LIFESYTLE MANAGEMENT 1904 CLUBHOUSE DRIVE SUN CITY CENTER FL 33573	Name: BRIAN L. MAY Street Address (P.O. Box Number is Not Acceptable): STERLING MANAGEMENT 723 IMAR DR City: SUN CITY CENTER **FL** Zip Code: 33573

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 _____ 3-12-01

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD LALUZERNE, JOYCE M 301 KINGS BLVD AF 133 SUN CITY CENTER FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD MCINTYRE, ANN 301 KINGS BLVD AF 136 SUN CITY CENTER FL 33573	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD KJOLLESDAL, LYNNE 301 KINGS BLVD, F-138 SUN CITY CENTER, FL 33573 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BALL, PHYLLIS 301 KINGS BLVD AF 135 SUN CITY CENTER FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALL, CHRISTIANE 301 KINGS BLVD, F-144 SUN CITY CENTER, FL 33573 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD BRACY, ELIZABETH 301 KINGS BLVD AF 127 SUN CITY CENTER FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD HARPER, FLORENCE 301 KINGS BLVD #128 SUN CITY CENTER FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KJOLLESDAL, JAN 301 KINGS BLVD, F-138 SUN CITY CENTER, FL 33573 ☐ 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: _____ March 15 2001 813 634-2308

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (10/00)