## 2002 UNIFORM BUSINESS REPORT (UBR)

## **FILED** May 27, 2002 8:00 am Secretary of State **DOCUMENT # N00440** 05-27-2002 90468 050 \*\*\*\*61.25 ANDOVER F OF KINGS POINT CONDOMINIUM ASSOCIATION , INC. Mailing Address Principal Place of Business STERLING MANAGEMENT STERLING MANAGEMENT 723 IMAR DR 723 IMAR DR SUN CITY CENTER FL 33573-4351 SUN CITY CENTER FL 33573-4351 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2138319 Not Applicable \$8.75 Additional Country Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BECKER & POLIAKOFF, Street Address (P.O. Box Number is Not Acceptable) MAY, BRIAN L 2401 WEST BAY DRIVE, STERLING MANAGEMENT SUITE 414 723 IMAR DR ℧ℊℊℷ LARGO FL SUN CITY CENTER FL 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. registered agent and title if applicable 0. for the Firm Make Check Payable to \$5.00 May Be 9. Election Campaign Financing FILE NOW: FEE IS \$61.25 Department of State Added to Fees Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. OFFICERS AND DIRECTORS 10. ☐ Addition ☐ Change SD ☐ Delete TITLE TITLE LALUZERNE, JOYCE M NAME NAME STREET ADDRESS 301 KINGS BLVD AF 133 STREET ADDRESS CITY-ST-ZIP SUN CITY CENTER FL CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE MCINTYRE, ANN NAME STREET ADDRESS 301 KINGS BLVD AF 136 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SUN CITY CENTER FL 33573 ☐ Addition Change ☐ Delete TITLE TITLE NAME WALL, CHRISTIANE NAME STREET ADDRESS 301 KINGS BLVD, F-144 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SUN CITY CENTER FL 33573 ☐ Change ☐ Addition Delete TITLE TITLE NAME BRACY, ELIZABETH NAME STREET ADDRESS 301 KINGS BLVD AF 127 STREET ADDRESS CITY-ST-ZIP SUN CITY CENTER FL CITY-ST-ZIP ☐ Addition ☐ Change PD Delete TITLE TITLE NAME KJOLLESDAL, JAN NAME STREET ADDRESS 301 KINGS BLVD, F-138 STREET ADDRESS CITY-ST-ZIP SUN CITY CENTER FL 33573 CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE

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 and that my name appears in Block 10 or Block 11 if changed.

CITY-ST-7IP

STREET ADDRESS

NAME

**SIGNATURE** 

NAME

STREET ADDRESS

CITY-ST-ZIP

KJOLLESDAL, LYNNE

301 KINGS BLVD, F-138

SUN CITY CENTER FL 33573

CR2E037 (9/01