## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Mailing Address

## DOCUMENT # N00440

1. Entity Name

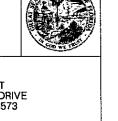
Principal Place of Business

ANDOVER F OF KINGS POINT CONDOMINIUM ASSOCIATION, INC.



**FILED** Apr 30, 2004 8:00 am Secretary of State

04-30-2004 90359 007 \*\*\*\*61.25



STERLING MANAGEMENT 1701-B RICKENBACKER DRIVE SUN CITY CENTER FL 33573 STERLING MANAGEMENT 7643 1701-B RICKENBACKER DRIVE SUN CITY CENTER FL 33573 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) City & State Applied For City & State 4. FEI Number 59-2138319 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DE FURIO, JAMES R ESQ Street / James R. Defurio, Esquire 101 E KENNEDY BLVD 101 E. Kennedy Blvd. Suite 3000 **SUITE 1030 TAMPA FL 33602** 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 ag 4-27-04 SIGNATURE typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Due By May 1, 2004 Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. TITLE Change ☐ Addition TITLE Delete LALUZERNE, JOYCE M NAME NAME 301 KINGS BLVD AF 133 STREET ADDRESS STREET ADDRESS SUN CITY CENTER FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE WALL, CHRISTIANE NAME NAME 301 KINGS BLVD, F-144 STREET ADDRESS STREET ADDRESS SUN CITY CENTER FL 33573 CITY-ST-ZIP CITY-ST-ZIP

 $\overline{\mathsf{VD}}$ ☐ Change ☐ Addition TITLE ☐ Delete TITLE BRACY, ELIZABETH NAME NAME 301 KINGS BLVD AF 127 STREET ADDRESS STREET ADDRESS SUN CITY CENTER FL CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE DITLE KJOLLESDAL, JAN NAME NAME 301 KINGS BLVD, F-138 STREET ADDRESS STREET ADDRESS SUN CITY CENTER FL 33573 CITY-ST-ZIP CITY - ST - ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE KJOLLESDAL, LYNNE NAME NAME 301 KINGS BLVD, F-138 STREET ADDRESS STREET ADDRESS SUN CITY CENTER FL 33573 CITY-ST-ZIP CITY-ST-ZIP " Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 accordate 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 epoch as equired by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF EIGNING OFFICER OR DIRECTOR

Daytime Phone #