2005 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

May 06, 2005 8:00 am Secretary of State DOCUMENT # N00440 1. Entity Name 05-06-2005 90095 020 ****61.25 ANDOVER F OF KINGS POINT CONDOMINIUM ASSOCIATION, INC. Principal Place of Business Mailing Address STERLING MANAGEMENT STERLING MANAGEMENT 1701-B RICKENBACKER DRIVE 1701-B RICKENBACKER DRIVE 50050029 SUN CITY CENTER FL 33573 SUN CITY CENTER FL 33573 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/04) City & State City & State Applied For 4. FEI Number 59-2138319 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Law Offices of James R. De Furio, P.A. DE FURIO, JAMES R ESQ 201 East Kennedy Boulevard 101 E KENNEDY BLVD **Suite 1460** STE 3000 Tampa, Florida 33602 **TAMPA FL 33602** 8. The above named entity submits this atel ment 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 SIGNATURE DATE ited name of registered agent and title if applicable (NOTE: Registered Agen) signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Due By May 1, 2005 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Change ☐ Addition TITLE ☐ Delete TITLE LALUZERNE, JOYCE M NAME NAME 301 KINGS BLVD AF 133 STREET ADDRESS STREET ADDRESS SUN CITY CENTER FL CITY-ST-ZIP CITY-ST-7IP Change ■ Addition TITLE ☐ Detete 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 VD Change ☐ Addition TITLE Q Defete TITLE BRACY, ELIZABETH NAME 301 KINGS BLVD AF 127 STREET ADDRESS STREET ADDRESS SUN CITY CENTER FL CITY-ST-ZIP CITY-ST-7IP TIFLE THILE ☐ Change ☐ Addition KJOLLESDAL, JAN NAME 301 KINGS BLVD, F-138 STREET ADDRESS STREET ADDRESS SUN CITY CENTER FL 33573 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition KJOLLESDAL, LYNNE NAME 301 KINGS BLVD, F-138 STREET ADDRESS STREET ADDRESS SUN CITY CENTER FL 33573 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition THILE ☐ Delete NAMÉ NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHTY-ST-7IP 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.

FEICER OR DIRECTOR

FILED

Daytime Phone #