


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90320 017 ****61.25

DOCUMENT # N00442 1. Entity Name ANDOVER H OF KINGS POINT CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 1701-B RICKENBACKER DRIVE SUN CITY CENTER, FL 33573			Mailing Address 1701-B RICKENBACKER DRIVE 723 IMAR DRIVE SUN CITY CENTER, FL 33573		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2155848	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent LAW OFFICES OF JAMES R DE FURIO, P.A. 201 EAST KENNEDY BLVD TAMPA, FL 33602				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	TDV	<input checked="" type="checkbox"/> Delete	TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOOS, KARL		NAME	McDermott, Jim	
STREET ADDRESS	301 ANDOVER PLACE, H170		STREET ADDRESS	301 Andover Pl. S. H181	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573		CITY-ST-ZIP	Sun City Center, FL 33573	
TITLE	SD	<input type="checkbox"/> Delete	TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WISOTZKY, ELEANOR		NAME	Stoner, Donna	
STREET ADDRESS	301 ANDOVER PL. S. H-173		STREET ADDRESS	PO Box 31	
CITY-ST-ZIP	SUN CITY CENTER, FL 33573		CITY-ST-ZIP	Balm, FL 33563	
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BURRIS, MILDRED		NAME	Burris, Mildred	
STREET ADDRESS	301 ANDOVER PL SO A-188		STREET ADDRESS	301 Andover Pl. S. H188	
CITY-ST-ZIP	SUN CITY CTR, FL		CITY-ST-ZIP	Sun City Center, FL 33573	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	STONER, DONNA		NAME	Hill, Donna	
STREET ADDRESS	P O BOX 31		STREET ADDRESS	301 Andover Pl. S. H189	
CITY-ST-ZIP	BALM, FL 33563		CITY-ST-ZIP	Sun City Center, FL 33573	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 exemptions contained in Chapter 119, 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: <i>James F. McDermott</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 3/29/06 Daytime Phone # 774 240 1670		