

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00444

FILED
Apr 20, 2009
Secretary of State

Entity Name: ANDOVER B OF KINGS POINT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

STERLING MANAGEMENET , INC.
1904 CLUBHOUSE DR
SUN CITY CENTER, FL 33573

New Principal Place of Business:

Current Mailing Address:

STERLING MANAGEMENET , INC.
1904 CLUBHOUSE DR
SUN CITY CENTER, FL 33573

New Mailing Address:

FEI Number: 59-1921074

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LAW OFFICES OF JAMES R. DE FURIO, P.A.
201 EAST KENNEDY BLVD.
STE 1460
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KETCHUM, JANE
Address: 1901 ANDOVER WAY B32
City-St-Zip: SUN CITY CENTER, FL 33573

Title: VPD () Delete
Name: PURCELL, MARY
Address: 1901 ANDOVERWAY B35
City-St-Zip: SUN CITY CENTER, FL 33573

Title: SD () Delete
Name: SHERMAN, DOROTHY
Address: 1901 ANDOVER WAY B-33
City-St-Zip: SUN CITY CENTER, FL 33573

Title: TD () Delete
Name: KETHAM, CORTLAND
Address: 1901 ANDOVER WY B32
City-St-Zip: SUN CITY CENTER, FL 33573

Title: D (X) Delete
Name: CANISTRA, EVELYN
Address: 1901 ANDOVERWAY B42
City-St-Zip: SUN CITY CENTER, FL 33573

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VD (X) Change () Addition
Name: PURCELL, MARY
Address: 1901 ANDOVERWAY B35
City-St-Zip: SUN CITY CENTER, FL 33573

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: CANISTRA, EVELYN
Address: 1901 ANDOVER WAY, B43
City-St-Zip: SUN CITY CENTER, FL 33573

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN L, MAY

GM

04/20/2009

Electronic Signature of Signing Officer or Director

Date