## N00444

(Re	equestor's Name)	
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(Ci	ty/State/Zip/Phone	#)
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PICK-UP	WAIT	MAIL
(Bu	ısiness Entity Name	e)
<b>(</b> -	,	-,
	A November 2	
(Do	cument Number) :	•
Certified Copies	_ Certificates of	of Status <u>100 Au</u>
Special Instructions to	Filing Officer:	
	r ming Officer.	





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PILED 090CT-2 AMII: SECRETARY OF STA ALLAHASSEE, FLO

POEN OF ON

## COVER LETTER

TO: Amendment Section Division of Corporat	ions			
SUBJECT: Al	NDOVER B COND	OO ASSOC. INC		
	Name of C	Corporation		
DOCUMENT NUMBER:_		N00444		
The enclosed Statement of Cl	nange of Registered Offic	e/Agent and fee are sub	mitted for filing.	
Please return all correspondence concerning this matter to the following:				
•	C	J		
	Douglas Name of Co	S Christy ntact Person		
	rame or co	maor i cison		
Wetherington, Hamilton, Harrison & Fair, PA				
	Firm/C	ompany		
	1010 N. Flo	rida Avenue		
		Iress		
	Tampa, Flo	orida 33602 nd Zip Code		
	City/State a	nd Zip Code		
	dgc@whht	f-law.com		
E-mail a	ddress: (to be used for f	future annual report no	otification)	
For further information conce	erning this matter, please	call:		
Douglas	Christy	at ( 813 \	225-1918 x 29	
Name of Cont		Area Code & Da	225-1918 x 29 sytime Telephone Number	
Enclosed is a \$35.00 check m	ade payable to the Depar	tment of State.		
	ing Address:	Street Addre	ess:	
Ame	endment Section	Amendmen	t Section	
	sion of Corporations		Corporations	
	Box 6327 ahassee, FL 32314	Clifton Bui 2661 Execu	iding itive Center Circle	

Tallahassee, FL 32301

TO:

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

statement of cha	provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508 ange is submitted for a corporation organized under the laws of the ar to change its registered office or registered agent, or both, in the	State of Florida
1. The name of t	the corporation: Andover B Of Kings Point Condom	inium Association, Inc.
2. The principal	office address: c/o Sterling Management Services, 1904	Clubhouse Drive
Sun City C	Center, FL 33573	<del></del>
3. The mailing a	address (if different):	
4. Date of incorp	poration/qualification: 12/16/1983 Document number:	N00444
	I street address of the current registered agent and registered office rtment of State: (If resigned, enter resigned)	on file with the
	James R. DeFurio, Esq	
	201 E. Kennedy Blvd., Suite 1460	09 OCT
	Tampa, FL 33602	
6. The name and (if changed):	d street address of the new registered agent (if changed) and /or reg	-2 AM II: 33 ASSEE, FLORIC
	Douglas Christy, Esq.	TATE ORIE
	1010 N. Florida Avenue P.O. Box NOT acceptable	——————————————————————————————————————
	Tampa, FL 33602	
The street addre as changed will	ess of its registered office and the street address of the business of be identical.	office of its registered agent,
Such change wa authorized by the	as authorized by resolution duly adopted by its board of directors in board, of the corporation has been notified in writing of the cl	s or by an officer so nange.
	re of an office or director Printed or types	n L. May Trame and title
I hereby accept I further agree to of my duties, and document is bein corporation has	the appointment as registered agent and agree to act in this cap to comply with the provisions of all statutes relative to the prope ad I am familiar with and accept the obligation of my position as ng filed merely to reflect a change in the registered office addre s been notified in writing of this change.	oacity. r and complete performance registered agent. Or, if this ss, I hereby confirm that the
N Sign	nature of Registered Agent Da	1109
_	chalf of an entity:	
	Douglas Christy  yped or Printed Name	

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314
CR2E045 (8/05)

\* \* \* FILING FEE: \$35.00 \* \* \*