## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

739241

(8)

DOCUMENT #	739241	(
KINGS POINT COM	MUNITY ASSOCIATION.	INC.

KINGS POINT COMMUNITY ASSOCIATION, INC.						
Principal Place of	<sup>1</sup> Business	Mailing Address		s remitt tadde sites effete tigte might	propri weget #1811 \$	
% PRIME MGMT		% PRIME MGMT GROUP		1		
5180 W. ATLANT	NTIC AVE.	5180 W. ATLANTIC AVE.			20 0	ast Report
DELRAY BEACH FL 33484 DELRAY BEACH FL 33484			3. Date Incorporated or Qualified	3a. Date of La	•	
				06/10/1977	1 08/28	9/1995 Applied For
2. Principal Place	e of Business	2a. Mailing Address		4. FEI Number 50-1756685	-	Applied For Not Applicabl
7		26		59-1756685	60	.75 Additional
Suite, Apt. #,		Suite, Apt. #, etc.		5. Certificate of Status Desired		./5 Additional ee Required
2 6300 Par	ITK of Commerce Blud	27 6300 Park of C	ommerce Blvd			5.00 May Be
City & State		City & State	CI	Election Campaign Financing     Trust Fund Contribution		dded to Fees
Boca Ro		28 Boca Raton	† L	8. This corporation has liability for i		
Zip	Country	Zip 2211017	Country	Florida Statutes	∐ Yes LJNo	
3348	25 Current		30 F-35.	10. Name and Address of New R		
	9. Name and Address of Current	ruedisteten väeur	81 Name			
			1 1	The CO O Day No west and the Alex Alex	vie)	
GROSSM.	IAN, THEODORE		82 Street Addr	fress (P.O. Box Number is Not Acceptab	J.C.)	
249 FLAN			B3			
KINGS PO	OINT					7:n A
DELRAY E	BCH FL 33446		84 City		FL 85	· I
#11 H			Abo - barra	ration enhante this statement for the no	rpose of changing	its registered of
11. Pursuant to	the provisions of Sections 617.0502	and 617.1508, Florida Statutes, a. Such chance was authorized	<ul> <li>the above-named corpc</li> <li>by the corporation's boa</li> </ul>	oration submits this statement for the pu and of directors. I hereby accept the app	nointment as regist	ered agent. I am
or registere familiar with	ed agent, or both, in the State of Florida h, and accept the obligations of, Sectic	on 617.0503, Florida Statutes.	, - ,			
OLONIATI IDE				d when contained	DATÉ	
SIGNATURE	Signature, typed or printed name of registered agent e	Original Property of the Control of	Registered Agent signature regulate	red when reinstating) ADDITIONS/CHANGES TO OFF		CTORS IN 12
12.	OFFICERS AND	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	Chair Chair	
TITLE	SD	DELETE		od taber, Charles	, 5.11	٠
NAME	MEROLA, LIBBY		1.2 NAME H	MADEL, CHALLES	Point	
STREET ADDRESS	195 FLANDERS E		1.3 STREET ADDRESS	Brittany F 252 Kings Delray Beach, FL 3	2001) - 1000)	
CITY-ST-ZIP	DELRAY BEACH FL		1.4 CITY - ST - ZIP	xerray reach, FL 3	33446 □Cha	ange Additio
TITLE	PD PD	DELETE	21 TITLE	ı	ப	با با بارون اور ا
NAME	GROSSMAN, THEODORE		2.2 NAME			
STREET ADDRESS	FLANDERS F249: KINGS POI	'NT	2.3 STREET ADDRESS			
CITY-ST-ZIP	DELRAY BEACH FL		2 4 CITY-ST-ZIP	16		nange 🔀 Additii
TITLE	VO	<b>∑</b> DELETE	3.1 TITLE	VD	Cha	AUDIL 🔼 Ogran
NAME	GALEK, SEYMOR		3.2 NAME	veinstein, Al	- Print	
STREET ADDRESS	502 BRITTANY K		3.3 STREET ADDRESS T	Brittany D 157 King	Taior	
·	DELRAY BEACH FL		3.4. CITY-ST-ZIP	Petray Beach, PL=	4	hange Additi
CITY-ST-ZIP TITLE		₩øelete	4.1 TITLE	TP '	ا€د	hange Additi
	TD LEW MENNITE				Ar Dans	
NAME OTDGGT ADDRESS	LEVY, MELVILLE  REITTANY M 602 KINGS PO	INT	A 2 STREET ANDRESS T	Brittanii L 576 KIN	igs toint	
STREET ADDRESS	BRITTANY M 602: KINGS PO		4.4 CITY - ST - ZIP	Delray Beach, FL		
CITY-ST-ZIP	DELRAY BEACH FL	DELETE	5.1 TITLE		Ch	hange
TITLE	[	<u> </u>	5.2 NAME			
NAME	1		5.3 STREET ADDRESS			
STREET ADDRESS			5.4 CHY-ST-ZIP			
CITY-ST-ZIP		DELETE	5.4 CHY-ST-ZIP 6.1 TITLE		□] Ch	hange
TITLE		LJUELEIE				
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
			6.4 CiTY-ST-ZIP	ify for the exemption stated in Section 1	19.07(3)(k). Florida	Statutes, I furthe
da I da barat	by certify that the information supplied	with this filing is voluntarily furni.	ished and does not quali.	Ty for the exemption stated in Section 1	(19,07(3)(K), Florida the same lenal effec	At an if mode up

SIGNATURE:

OF SIGNING OFFICER OR DIRECTOR

Ido hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(K), Fibrida statutes in the certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or supplemental annual report of supplemental annual report is full and accurate and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or supplemental annual report is full and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or supplemental annual report or supplemental annual report is full and that my signature shall have the same legal effect as if made under certify that the information indicated on this annual report or supplemental annual report o Morris Gimpelson 4/25/16 407-995-4104