

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **739241** (8)
1. Corporation Name

KINGS POINT COMMUNITY ASSOCIATION, INC.



Principal Place of Business Mailing Address
**% PRIME MGMT GROUP
5180 W. ATLANTIC AVE.
DELRAY BEACH FL 33484** **% PRIME MGMT GROUP
5180 W. ATLANTIC AVE.
DELRAY BEACH FL 33484**

3. Date Incorporated or Qualified: **06/10/1977** 3a. Date of Last Report: **08/29/1995**
4. FEI Number: **59-1756685** Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 **6300 Park of Commerce Blvd** 27 **6300 Park of Commerce Blvd**
City & State City & State
23 **Boca Raton, FL** 28 **Boca Raton, FL**
Zip Country Zip Country
24 **33487** 25 **FL** 29 **33487** 30 **FL**

9. Name and Address of Current Registered Agent
**GROSSMAN, THEODORE
249 FLANDERS F
KINGS POINT
DELRAY BCH FL 33446**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City 85 Zip Code
FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED
SD	MEROLA, LIBBY	195 FLANDERS E	DELRAY BEACH FL	<input checked="" type="checkbox"/>
PD	GROSSMAN, THEODORE	FLANDERS F249: KINGS POINT	DELRAY BEACH FL	<input type="checkbox"/>
VD	GALEK, SEYMOR	502 BRITTANY K	DELRAY BEACH FL	<input checked="" type="checkbox"/>
TD	LEVY, MELVILLE	BRITTANY M 602: KINGS POINT	DELRAY BEACH FL	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETED	Change	Addition
SD	Haber, Charles	Brittany F 252 Kings Point	Delray Beach, FL 33446	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
VD	Weinstein, A I	Brittany D 157 Kings Point	Delray Beach, FL 33446	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
TD	Flanel, Sam	Brittany L 576 Kings Point	Delray Beach, FL 33446	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. I do 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), Florida Statutes. I further 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 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Morris Gimpelson Morris Gimpelson 4/25/96 407-995-4104
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)