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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

739241

(8)

DOCUMENT # KINGS POINT COMMUNITY ASSOCIATION. INC. Mailing Address Principal Place of Business 6300 PARK OF COMMERCE BLVD. 6300 PARK OF COMMERCE BLVD **BOCA RATON FL 33487** BOCA RATON FL 33487-8229 3. Date Incorporated or Qualified 06/10/1977 3a. Date of Last Report 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-1756685 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8,75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Country 2ip Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 30 Florida Statutes Yes No 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name GROSSMAN, THEODORE Street Address (P.O. Box Number is Not Acceptable) 249 FLANDERS F KINGS POINT 83 **DELRAY BCH FL 33446** 84 City Zip Code 85 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent eignature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE 1.1 TITLE Change Addition TITLE SD HABER, CHARLES 1.2 NAME NAME Ginpelson_ BRITTANY F 252 KINGS POINT 1.3 STREET ADDRESS STREET ADDRESS BRITTANY A DELRAY BEACH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP) Orm DELETE Addition 2.1 TOTALE TITLE PD GROSSMAN, THEODORE 2.2 NAME NAME HESS MILT FLANDERS F249: KINGS POINT STREET ADDRESS 2.3 STREET ADDRESS BEAN DENHI DELRAY BEACH FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition Change TITLE 3.1 THILE WEINSTEIN, AL 3.2 NAME NAME LOBEL, DOROTHY BRITTANY D 157 KINGS POINT 3.3 STREET ADDRESS PLANDERS & 226 DELEAN BEMON FL STREET ADDRESS DELRAY BEACH FL CITY - ST - 7IP 3.4. CITY-ST-ZIP DELETE 4.1 TITLE ___ Addition FITLE FLANEL, SAM NAME 4. 2 NAME **BRITTANY L 576 KINGS POINT** STREET ADDRESS 4.3 STREET ADDRESS **DELRAY BEACH FL** CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Addition 5.1 TITLE Change TITLE 5.2 NAME NAME STREET ADDRESS **5.3 STREET ADDRESS** 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition Change TITLE 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

64 CITY-ST-ZIP 14. I do hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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

SIGNATURE:

CITY - ST - ZIP

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FILED

May 01 1997 8:00am

Secretary of State