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Mar 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 739241 (8)
1. Corporation Name
KINGS POINT COMMUNITY ASSOCIATION, INC.



Principal Place of Business 6300 PARK OF COMMERCE BLVD BOCA RATON FL 33487 US	Mailing Address 6300 PARK OF COMMERCE BLVD. BOCA RATON FL 33487 US
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3. Date Incorporated or Qualified 06/10/1977	
4. FEI Number 59-1756685	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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 GIMPELSON, MORRIS
82 Street Address (P.O. Box Number is Not Acceptable) BRITTANY A 4
83
84 City DELRAY BEACH
85 State FL
Zip Code 33446

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 Morris Gimpelson **MORRIS GIMPELSON PRES. 2/2/98**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS

TITLE VD	<input type="checkbox"/> DELETE
NAME GIMPELSON, MORRIS	
STREET ADDRESS BRITTANY A4	
CITY-ST-ZIP DELRAY BEACH FL	
TITLE PD	<input type="checkbox"/> DELETE
NAME GROSSMAN, THEODORE	
STREET ADDRESS FLANDERS F249: KINGS POINT	
CITY-ST-ZIP DELRAY BEACH FL	
TITLE SD	<input checked="" type="checkbox"/> DELETE
NAME LOBEL, DOROTHY	
STREET ADDRESS FLANDERS E225	
CITY-ST-ZIP DELRAY BEACH FL	
TITLE VD	<input type="checkbox"/> DELETE
NAME HESS, MILT	
STREET ADDRESS TUSCANY D205	
CITY-ST-ZIP DELRAY BEACH FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME HOFFMAN, ESTELLE	
5.3 STREET ADDRESS MONACO H 350	
5.4 CITY-ST-ZIP DELRAY BEACH FL 33446	
6.1 TITLE TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME KAPLAN, BERNARD	
6.3 STREET ADDRESS MONACO K 520	
6.4 CITY-ST-ZIP DELRAY BEACH FL 33446	

14. I hereby certify that the information supplied with this filing 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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE Morris Gimpelson **2/6/98** **51-488-4502**

CR2E037 (10/97)