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FILED

Feb 16 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # **747570** (0)

1. Corporation Name

**INDEPENDENT CONDOMINIUM ASSOCIATIONS OF KINGS PO  
INT, INC.**

Principal Place of Business

Mailing Address

**7000 WEST ATLANTIC AVE.  
DELRAY BEACH FL 33446**

**7000 WEST ATLANTIC AVE.  
DELRAY BEACH FL 33446**



3. Date Incorporated or Qualified

**06/11/1979**

4. FEI Number

**59-1926327**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RIGOLETTO, RAYMOND  
514 CAPRI K  
DELRAY BEACH FL 33484**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

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 signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **PD**  
STREET ADDRESS **RIGOLETTO, RAYMOND**  
CITY-ST-ZIP **514 CAPRI K  
DELRAY BEACH FL 33484**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **TD**  
STREET ADDRESS **KARP, HARRIET**  
CITY-ST-ZIP **627 NORMANDY N  
DELRAY BEACH FL 33484**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME **KARP, HARRIET**  
2.3 STREET ADDRESS **627 NORMANDY N**  
2.4 CITY-ST-ZIP **DELRAY BEACH, FL 33484**

TITLE ☐ DELETE  
NAME **2VPD**  
STREET ADDRESS **YATES, MAE**  
CITY-ST-ZIP **157 CAPRI D  
DELRAY BEACH FL 33484**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **SD**  
STREET ADDRESS **GOLDBERGER, BERNARD**  
CITY-ST-ZIP **117 PIEDMONT C  
DELRAY BEACH FL 33484**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME **1VPD**  
STREET ADDRESS **ROTHSCHILD, BENJAMIN**  
CITY-ST-ZIP **633 NORMANDY N  
DELRAY BEACH FL 33484**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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: **Harriet Karp** **HARRIET KARP** **2/9/98** **561-499-5550**

CFR2037 (10/97)