

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 18 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N30577 (3)

1. Corporation Name  
KINGS POINT CIVIC ASSOCIATION OF TAMARAC INC.



Principal Place of Business: 7620 NOB HILL ROAD, 10419 CLAIRMONT CIRCLE, TAMARAC FL 33321, US  
Mailing Address: C/O BURT SCHOOL, 7632 FAIRFAX DRIVE, TAMARAC FL 33321-4348, US

3. Date Incorporated or Qualified: 02/09/1989  
3a. Date of Last Report: 02/16/1996

2. Principal Place of Business: 21 Suite, Apt. #, etc.  
2a. Mailing Address: 26 Suite, Apt. #, etc.

4. FEI Number: 65-0136482  
Applied For: Not Applicable

22 City & State  
27 City & State

5. Certificate of Status Desired: \$8.75 Additional Fee Required

23 Zip Country  
28 Zip Country  
24 Zip Country  
25 Country  
29 Zip Country  
30 Country

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHOLL, BURT  
7632 FAIRFAX DRIVE  
TAMARAC FL 33321

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

1.1 TITLE: D [ ] DELETE  
1.2 NAME: SCHOLL, BURT  
1.3 STREET ADDRESS: 7632 FAIRFAX DR.  
1.4 CITY-ST-ZIP: TAMARAC FL  
2.1 TITLE: VPD [ ] DELETE  
2.2 NAME: SEIDEN, MARVIN  
2.3 STREET ADDRESS: 9645 NORTH BELFORT CIRCLE  
2.4 CITY-ST-ZIP: TAMARAC FL  
3.1 TITLE: VPD [ ] DELETE  
3.2 NAME: FIELDS, ROBERT  
3.3 STREET ADDRESS: 10665 CLAIRMONT CIRCLE  
3.4 CITY-ST-ZIP: TAMARAC FL  
4.1 TITLE: [ ] DELETE  
4.2 NAME:  
4.3 STREET ADDRESS:  
4.4 CITY-ST-ZIP:  
5.1 TITLE: [ ] DELETE  
5.2 NAME:  
5.3 STREET ADDRESS:  
5.4 CITY-ST-ZIP:  
6.1 TITLE: [ ] DELETE  
6.2 NAME:  
6.3 STREET ADDRESS:  
6.4 CITY-ST-ZIP:

1.1 TITLE: [ ] Change [ ] Addition  
1.2 NAME:  
1.3 STREET ADDRESS:  
1.4 CITY-ST-ZIP:  
2.1 TITLE: [ ] Change [ ] Addition  
2.2 NAME:  
2.3 STREET ADDRESS:  
2.4 CITY-ST-ZIP:  
3.1 TITLE: [ ] Change [ ] Addition  
3.2 NAME:  
3.3 STREET ADDRESS:  
3.4 CITY-ST-ZIP:  
4.1 TITLE: [ ] Change [ ] Addition  
4.2 NAME:  
4.3 STREET ADDRESS:  
4.4 CITY-ST-ZIP:  
5.1 TITLE: [ ] Change [ ] Addition  
5.2 NAME:  
5.3 STREET ADDRESS:  
5.4 CITY-ST-ZIP:  
6.1 TITLE: [ ] Change [ ] Addition  
6.2 NAME:  
6.3 STREET ADDRESS:  
6.4 CITY-ST-ZIP:

14. I do 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: [Signature]  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Herman Groes, Treas.  
Daytime Phone # 0036961

CR2E037 (9/96)