

FILE NOW: FILING FEE IS \$61.25

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Apr 01 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 # N30577 (3)
1. Corporation Name
KINGS POINT CIVIC ASSOCIATION OF TAMARAC INC.



Principal Place of Business		Mailing Address	
7620 NOB HILL ROAD 10419 CLAIRMONT CIRCLE TAMARAC FL 33321 US		C/O BURT SCHOOL 7632 FAIRFAX DRIVE TAMARAC FL 33321 US	
2. Principal Place of Business	2a. Mailing Address		
21	26		
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22	27		
City & State		City & State	
23	28		
Zip	Country	Zip	Country
24	25	29	30

3. Date Incorporated or Qualified	02/09/1989	
4. FEI Number	65-0136482	Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>
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 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 type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

SCHOLL, BURT
7632 FAIRFAX DRIVE
TAMARAC FL 33321

10. Name and Address of New Registered Agent

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	1.1 TITLE Pres
NAME	SCHOLL, BURT	1.2 NAME ROBERT Fields Dir. <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	7632 FAIRFAX DR.	1.3 STREET ADDRESS 10665 Clairmont Circle
CITY-ST-ZIP	TAMARAC FL	1.4 CITY-ST-ZIP Tamarac FL 33321
TITLE	VPD	2.1 TITLE Vice Pres
NAME	SEIDEL, MARVIN	2.2 NAME Leo Kleiman Dir. <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	9845 NORTH BELFORT CIRCLE	2.3 STREET ADDRESS 7440 Ashmont Circle
CITY-ST-ZIP	TAMARAC FL	2.4 CITY-ST-ZIP Tamarac FL 33321
TITLE	VPD	3.1 TITLE Vice Pres
NAME	FIELDS, ROBERT	3.2 NAME Marvin Seidel Dir. <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	10665 CLAIRMONT CIRCLE	3.3 STREET ADDRESS 9645 N. Belfort Circle
CITY-ST-ZIP	TAMARAC FL	3.4 CITY-ST-ZIP Tamarac FL 33321
TITLE		4.1 TITLE Treas
NAME		4.2 NAME Herman Gross Dir. <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		4.3 STREET ADDRESS 9511 Waldon Circle #111
CITY-ST-ZIP		4.4 CITY-ST-ZIP Tamarac FL 33321
TITLE		5.1 TITLE
NAME		5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS
CITY-ST-ZIP		5.4 CITY-ST-ZIP
TITLE		6.1 TITLE
NAME		6.2 NAME
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CITY-ST-ZIP		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 in an attachment with an address.

SIGNATURE: Herman Gross HERMAN GROSS 2/5/98 954 526 5685

CR2E037 (10/97)