## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## 1999 DOCUMENT # N30577

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

**FILED** 

03-03-1999 90048 007 \*\*\*\*61.25

Mar 03, 1999 8:00 am § Secretary of State

					•
2.	Principal Place of Business	Za. Mailing Ad	ddress	Date Incorporated or Qual	ifed
21	•	26		02/09/1989	
	Suite, Apt. #, etc.	Suite, Apt	t. #, etc.	4. FEI Number	Applied For
22		27		<b>65</b> -0136482	Not Applicable
	City & State	City & Sta	ate	- 5. Certificate of Status Desire	\$8.75 Additional
23	·	28		33.11.32.3 3. 3.1.1.1	Fee Required
	Zip Country	Zip	Country	6. Election Campaign Finance	sing <b>\$5.00</b> May Be
24	25	29	30	Trust Fund Contribution	Added to Fees
9. Name and Address of Current Registered Agent				10. Name and Address of N	ew Registered Agent
			81	Name	

SCHOLL, BURT
7632 FAIRFAX DRIVE
TAMARAC FL 33321

82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City

1. 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	Stanature, typed or printed name of registered agent and title if	antiophia /NOTE: Pa	egistered Agent signature re-	quired when reinstating)		DATE		
12.	OFFICERS AND DIREC	13.		NGES TO OFFIC		D DIRECTOR	RS IN 12	
TITLE	VPD	☐ DELETE	1.1 TITLE				☐ Change	. Addition
NAME	KLEIMAN, LEO		1.2 NAME					
STREET ADDRESS	7440 ASHMONT CIRCLE		1.3 STREET ADDRESS					
	TAMARAC FL 33321		1.4 CITY-ST-ZIP					
ÇITY-ŞT-ZIP		□ DELETE	2.1 TITLE				Change	Addition
TITLE	VPD		2.2 NAME					
NAME	SEIDEL, MARVIN				•		•	
STREET ADDRESS	••••		2.3 STREET ADDRESS				•	
CITY-ST-ZIP	TAMARAC FL 33321		2.4 CITY-ST-ZIP	<u> </u>			Channe	Addition
TITLE	_PD	DELETE	3.1 TITLE				Change	Audition
NAME	FIELDS, ROBERT		3.2 NAME		~ ~~~~	·	<del></del>	<del></del>
STREET ADDRESS	10665 CLAIRMONT CIRCLE		3.3 STREET ADDRESS					٠,
CITY-ST-ZIP	TAMARAC FL 33321		3.4. CITY-ST-ZIP		`			
TITLE	T	☐ DELETE	4.1 TITLE		•		Change	☐ Addition
NAME	GROSS, HERMAN		4.2 NAME					
STREET ADDRESS	9511 WALDON CIRCLE, #111		4.3 STREET ADDRESS		•		,	
CITY-ST-ZIP	TAMARAC FL 33321		4.4 CITY-ST-ZIP					
TITLE		☐ DELETÉ	5.1 TITLE				Change	☐ Addition
NAME		-	5.2 NAME				•	
STREET ADDRESS			5.3 STREET ADDRESS					
CITY-ST-ZIP			5.4 CITY-ST-ZIP			<u> </u>		
TITLE		□ DELETE	6.1 TITLE		Same of the same		Change	Addition
NAME			6.2 NAME	·		•		
STREET ADORESS			6.3 STREET ADDRESS					
OIT / OT 740	ļ		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, with all other like empowered.

SIGNATURE:

SIGNALVANCE RECUESORE I

954 26 8962

2E037 (11/98)

Zip Code

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