


FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 09 1998 8:00am  
Secretary of State

|  |   |   |
|--|---|---|
| NONPROFIT<br>CORPORATION<br>ANNUAL REPORT<br><b>1998</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|---|

**DOCUMENT # 739241 (8)**  
1. Corporation Name  
**KINGS POINT COMMUNITY ASSOCIATION, INC.**



|   |  |  |  |   |  |
|---|--|--|--|---|--|
| Principal Place of Business<br><b>6300 PARK OF COMMERCE BLVD<br/>BOCA RATON FL 33487<br/>US</b>   |  | Mailing Address<br><b>6300 PARK OF COMMERCE BLVD.<br/>BOCA RATON FL 33487<br/>US</b> |  | 3. Date Incorporated or Qualified<br><b>06/10/1977</b>  |  |
| 2. Principal Place of Business<br><b>21</b> Suite, Apt. #, etc.   |  | 2a. Mailing Address<br><b>26</b> Suite, Apt. #, etc.                                 |  | 4. FEI Number<br><b>59-1756685</b>  |  |
| 22 City & State   |  | 27 City & State  |  | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| 23 Zip  |  | 28 Zip   |  | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  |  |
| 24 Country  |  | 30 Country   |  | 7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No  |  |
| 25 Country  |  | 29 Country   |  | 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 |  |
| 9. Name and Address of Current Registered Agent<br><b>GROSSMAN, THEODORE<br/>249 FLANDERS F<br/>KINGS POINT<br/>DELRAY BCH FL 33446</b> |  |  |  | 10. Name and Address of New Registered Agent  |  |
|   |  |  |  | 81 Name <b>GIMPELSON, MORRIS</b>  |  |
|   |  |  |  | 82 Street Address (P.O. Box Number is Not Acceptable)<br><b>BRITTANY A 4</b>  |  |
|   |  |  |  | 83  |  |
|   |  |  |  | 84 City <b>DELRAY BEACH</b> FL 85 Zip Code <b>33446</b>   |  |

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 |   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---|---|---|
| TITLE                      | VD <input type="checkbox"/> DELETE            | 1.1 TITLE   | PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>GIMPELSON, MORRIS</b>                      | 1.2 NAME  |   |
| STREET ADDRESS             | <b>BRITTANY A4</b>                            | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>DELRAY BEACH FL</b>                        | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | PD <input type="checkbox"/> DELETE            | 2.1 TITLE   | VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>GROSSMAN, THEODORE</b>                     | 2.2 NAME  |   |
| STREET ADDRESS             | <b>FLANDERS F249: KINGS POINT</b>             | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>DELRAY BEACH FL</b>                        | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | SD <input checked="" type="checkbox"/> DELETE | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| NAME                       | <b>LOBEL, DOROTHY</b>                         | 3.2 NAME  |   |
| STREET ADDRESS             | <b>FLANDERS E225</b>                          | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>DELRAY BEACH FL</b>                        | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | VD <input type="checkbox"/> DELETE            | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| NAME                       | <b>HESS, MILT</b>                             | 4.2 NAME  |   |
| STREET ADDRESS             | <b>TUSCANY D205</b>                           | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <b>DELRAY BEACH FL</b>                        | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE               | 5.1 TITLE   | SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |   | 5.2 NAME  | <b>HOFFMAN, ESTELLE</b>   |
| STREET ADDRESS             |   | 5.3 STREET ADDRESS                                    | <b>MONACO H 350</b>   |
| CITY-ST-ZIP                |   | 5.4 CITY-ST-ZIP                                       | <b>DELRAY BEACH FL 33446</b>  |
| TITLE                      | <input type="checkbox"/> DELETE               | 6.1 TITLE   | TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME                       |   | 6.2 NAME  | <b>KAPLAN, BERNARD</b>  |
| STREET ADDRESS             |   | 6.3 STREET ADDRESS                                    | <b>MONACO K 520</b>   |
| CITY-ST-ZIP                |   | 6.4 CITY-ST-ZIP                                       | <b>DELRAY BEACH FL 33446</b>  |

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** **54-488-4502**

CR2E037 (10/97)