

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 747570

1. Entity Name

INDEPENDENT CONDOMINIUM ASSOCIATIONS OF KINGS PO

Principal Place of Business

7000 WEST ATLANTIC AVE.
DELRAY BEACH FL 33446

Mailing Address

7000 WEST ATLANTIC AVE.
DELRAY BEACH FL 33446-1602

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1926327

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RIGOLETTO, RAYMOND
514 CAPRI K
DELRAY BEACH FL 33484

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	RIGOLETTO, RAYMOND	
STREET ADDRESS	514 CAPRI K	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	KARP, HARRIET	
STREET ADDRESS	627 NORMANDY N	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	2VPD	<input type="checkbox"/> Delete
NAME	YATES, MAE	
STREET ADDRESS	157 CAPRI D	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	SD	<input type="checkbox"/> Delete
NAME	GOLDBERGER, BERNARD	
STREET ADDRESS	117 PIEDMONT C	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE	1VPD	<input type="checkbox"/> Delete
NAME	ROTHSCHILD, BENJAMIN	
STREET ADDRESS	633 NORMANDY N	
CITY-ST-ZIP	DELRAY BEACH FL 33484	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSNAK, ALEXANDER	
STREET ADDRESS	397 MONACO I	
CITY-ST-ZIP	DELRAY BEACH, FL 33446	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

BENJAMIN ROTHSCILD

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/10/2000

561 499 7661

Date

Daytime Phone #

CR2E037 (9/99)

FILED
Jan 18, 2000 8:00 am
Secretary of State

01-18-2000 90176 022 ****61.25

900779



DO NOT WRITE IN THIS SPACE