NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 05, 2002 8:00 am
Secretary of State
06-05-2002 90412 046 ****61.25

DOCUMENT # 747570

1. Entity Name
Independent Condominium Associations of Kings Point, INC.

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2. Principal Place of Business	3. Mailing Address
7000 ATLANTIC AVE	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DELRAY BEACH	City & State: DELRAY BEACH
Zip: 33484 Country: USA	Zip: 33484 Country: USA

4. FEI Number: 59 1926327 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: BERNARD R GOLDBERGER
Street Address (P.O. Box Number is Not Acceptable): PIEDMONT C 117
City: DELRAY BEACH
FL Zip Code: 33437

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: Bernard R. Goldberger Secretary 6/4/2002
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

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 PRES	PRESIDENT
NAME	RAYMOND RIGOLETTO
STREET ADDRESS	514 CAPRI K
CITY-ST-ZIP	DELRAY BEACH FL. 33484
TITLE	1ST. VICE PRESIDENT
NAME	BEN ROTHSCHILD
STREET ADDRESS	633 NORMANDY N
CITY-ST-ZIP	DELRAY BEACH FL. 33484
TITLE	2ND. VICE PRESIDENT
NAME	MAE YATES
STREET ADDRESS	157 CAPRI D
CITY-ST-ZIP	DELRAY BEACH FL. 33484
TITLE AGENT	SECRETARY
NAME	BERNARD GOLDBERGER
STREET ADDRESS	117 PIEDMONT C
CITY-ST-ZIP	DELRAY BEACH FL. 33484
TITLE	TREASURER
NAME	JERRY DIBLASIO
STREET ADDRESS	381 BURGUNDY H
CITY-ST-ZIP	DELRAY BEACH FL 33484
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered.

SIGNATURE: Bernard R Goldberger Secretary 6/4/2002 561-732-7536
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR