

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 739241

1. Entity Name

KINGS POINT COMMUNITY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

6300 PARK OF COMMERCE BLVD  
BOCA RATON FL 33487  
US

6300 PARK OF COMMERCE BLVD.  
BOCA RATON FL 33487  
US

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

59-1756685

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

GIMPELSON, MORRIS  
BRITTANY A 4  
DELRAY BCH FL 33446

7. Name and Address of New Registered Agent

Name SWATT, MYRON

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

C/O PRIME MANAGEMENT

6300 PARK OF COMMERCE BLVD

City BOCA RATON

FL

Zip Code 33487

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 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	GIMPELSON, MORRIS	
STREET ADDRESS	BRITTANY A4	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	VD	<input type="checkbox"/> Delete
NAME	GROSSMAN, THEODORE	
STREET ADDRESS	FLANDERS F240- KINGS POINT	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HOFFMAN, ESTELLE	
STREET ADDRESS	MONACO H 330	
CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE	VP	<input type="checkbox"/> Delete
NAME	COHN, BEA	
STREET ADDRESS	123 MONACO C	
CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE	TD	<input type="checkbox"/> Delete
NAME	FLOREL, SAM	
STREET ADDRESS	360 BERTHONY H	
CITY-ST-ZIP	DELRAY BEACH FL 33446	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIMPELSON, MORRIS	
STREET ADDRESS	4 BRITTANY A	
CITY-ST-ZIP	DELRAY BEACH, FL 33446	
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GROSSMAN	
STREET ADDRESS	249 FLANDERS F	
CITY-ST-ZIP	DELRAY BEACH, FL 33446	
TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOFFMAN, ESTELLE	
STREET ADDRESS	350 MONACO H	
CITY-ST-ZIP	DELRAY BEACH, FL 33446	
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	FLANEL, SAM	
STREET ADDRESS	360 BRITTANY H	
CITY-ST-ZIP	DELRAY BEACH, FL 33446	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED  
Jul 15, 2002 8:00 am  
Secretary of State

05-27-2002 90485 045 \*\*\*\*61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)