

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-21-2005 90227 028 ****61.25

DOCUMENT # 739241

1. Entity Name
KINGS POINT COMMUNITY ASSOCIATION, INC.



Principal Place of Business
**6300 PARK OF COMMERCE BLVD
BOCA RATON, FL 33487 US**

Mailing Address
**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

04122005

Chg-NP

CR2E037 (10/03)

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

7. Name and Address of New Registered Agent

**SWATT, MYRON
C/O PRIME MANAGEMENT
6300 PARK OF COMMERCE BLVD
BOCA RATON, FL 33487**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

Filing Fee is \$61.25
Due by May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Delete
NAME	GIMPELSON, MORRIS	
STREET ADDRESS	4 BRITTANY A	
CITY- ST- ZIP	DELRAY BEACH, FL 33446	
TITLE	1VD	<input type="checkbox"/> Delete
NAME	CROWNE, RON	
STREET ADDRESS	288 TUSCANY E	
CITY- ST- ZIP	DELRAY BEACH, FL 33446	
TITLE	SD	<input type="checkbox"/> Delete
NAME	HOFFMAN, ESTELLE	
STREET ADDRESS	350 MONACO H	
CITY- ST- ZIP	DELRAY BEACH, FL 33446	
TITLE	2VP	<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	ARDEN, STAN	
STREET ADDRESS	284 BRITTANY F	
CITY- ST- ZIP	DELRAY BEACH, FL 33446	
TITLE		<input type="checkbox"/> Delete
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	
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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: *Morris Gimpelson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #