



2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 747570 1. Entity Name INDEPENDENT CONDOMINIUM ASSOCIATIONS OF KINGS POINT, INC.						FILED 08 NOV -6 AM 11:07 SECRETARY OF STATE TALLAHASSEE, FLORIDA 10-24-08 01023 010 & 236-25  REINSTATEMENT 68 10272008 REIN-NP CR2E099 (#07)	
Principal Place of Business 7000 WEST ATLANTIC AVE. DELRAY BEACH, FL 33446				Mailing Address 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State		4. FEI Number 59-1926327		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CAPRI K 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487				7. Name and Address of New Registered Agent Name <u>PRIME MANAGAMENT GROUP INC.</u> Street Address (P.O. Box Number is Not Acceptable) <u>6300 PARK OF COMMERCE BLVD</u> City <u>BOCA RATON FL</u> <u>FL</u> Zip Code <u>33487</u>			
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 <u>[Signature]</u> (NOTE: Registered Agent signature required when reinstating) DATE _____							
FILE NOW! FEE IS \$236.25 After January 1, 2009, Fee will be \$297.50				Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VD RIGOLETTO, RAYMOND 514 CAPRI K DELRAY BEACH, FL 33484	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPD YATES, MAE 157 CAPRI D DELRAY BEACH, FL 33484	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S COHEN, STANLEY J 707 BURGUNDY O DELRAY BEACH, FL 33484	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DIBLASIO, JERRY 381 BURGUNDY "H" DELRAY BEACH, FL 33484	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PARK, IRIS 284 CAPRI F DELRAY BEACH, FL 33484	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Blank]	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>[Signature]</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____							