

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 739241

FILED
Mar 13, 2009
Secretary of State

Entity Name: KINGS POINT COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

6300 PARK OF COMMERCE BLVD
BOCA RATON, FL 33487 US

New Principal Place of Business:

Current Mailing Address:

6300 PARK OF COMMERCE BLVD.
BOCA RATON, FL 33487 US

New Mailing Address:

6300 PARK OF COMMERCE BLVD
BOCA RATON, FL 33487 US

FEI Number: 59-1756685

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HILLEY & WYANT-CORTEZ, P.A.
860 US HWY ONE, SUITE 108
NORTH PALM BEACH, FL 33408 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: IOVINE, FRANK
Address: 733 FLANDERS P
City-St-Zip: DELRAY BEACH, FL 33484

Title: 1VD () Delete
Name: WEINSTEIN, AL
Address: 157 BRITTANY D
City-St-Zip: DELRAY BEACH, FL 33446

Title: SD () Delete
Name: HOFFMAN, ESTELLE
Address: 350 MONACO H
City-St-Zip: DELRAY BEACH, FL 33446

Title: TD () Delete
Name: MENCHER, STEPHEN
Address: 680 MONACO O
City-St-Zip: DELRAY BEACH, FL 33406

Title: 2VP () Delete
Name: CURRY, NANCY
Address: 235 FLANDERS E
City-St-Zip: DELRAY BEACH, FL 33446

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: 1VD (X) Change () Addition
Name: ARDEN, STAN
Address: 284 BRITTANY F
City-St-Zip: DELRAY BEACH, FL 33446

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: 2VPD (X) Change () Addition
Name: CURRY, NANCY
Address: 235 FLANDERS E
City-St-Zip: DELRAY BEACH, FL 33446

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL COUTO

AA

03/13/2009

Electronic Signature of Signing Officer or Director

Date