

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000008387

**FILED**  
**Jan 21, 2021**  
**Secretary of State**  
**9094009539CC**

**Entity Name:** KINGS POINT RECREATION CORPORATION, INC.

**Current Principal Place of Business:**

7000 W. ATLANTIC AVENUE  
DELRAY BEACH, FL 33446

**Current Mailing Address:**

7000 W. ATLANTIC AVENUE  
DELRAY BEACH, FL 33446

**FEI Number:** 46-0919228

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SACHS, PETER S ESQ.  
6111 BROKEN SOUND PARKWAY NW  
SUITE 200  
BOCA RATON, FL 33487 US

*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

**Officer/Director Detail :**

Title CHAIRPERSON, DIRECTOR  
Name IOVINE, FRANK  
Address 7000 W. ATLANTIC AVENUE  
City-State-Zip: DELRAY BEACH FL 33446

Title VICE CHAIRPERSON, DIRECTOR  
Name LOME, ROBERT  
Address 7000 W. ATLANTIC AVENUE  
City-State-Zip: DELRAY BEACH FL 33446

Title TREASURER, DIRECTOR  
Name MORROW, FRAN  
Address 7000 W. ATLANTIC AVENUE  
City-State-Zip: DELRAY BEACH FL 33446

Title DIRECTOR  
Name BROWN, JESSICA  
Address 7000 W. ATLANTIC AVENUE  
City-State-Zip: DELRAY BEACH FL 33446

Title DIRECTOR  
Name MILLER, JOSEPH  
Address 7000 W. ATLANTIC AVENUE  
City-State-Zip: DELRAY BEACH FL 33446

Title DIRECTOR  
Name MANZIONE, LISA  
Address 7000 W. ATLANTIC AVENUE  
City-State-Zip: DELRAY BEACH FL 33446

Title DIRECTOR  
Name KLEIN, BRUCE  
Address 7000 W. ATLANTIC AVENUE  
City-State-Zip: DELRAY BEACH FL 33446

Title DIRECTOR, ASST. SECRETARY  
Name LEVINE, BARRY  
Address 7000 W. ATLANTIC AVENUE  
City-State-Zip: DELRAY BEACH FL 33446

**Continues on page 2**

*I hereby 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 all other like empowered.*

**SIGNATURE:** FRANK IOVINE

**CHAIRPERSON**

**01/21/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title SECRETARY, DIRECTOR  
Name PERITZ, RHODA  
Address 7000 W. ATLANTIC AVENUE  
City-State-Zip: DELRAY BEACH FL 33446

Title DIRECTOR  
Name FOX, MAUREEN  
Address 7000 W. ATLANTIC AVENUE  
City-State-Zip: DELRAY BEACH FL 33446

Title DIRECTOR  
Name HERMAN, RICHARD  
Address 7000 W. ATLANTIC AVENUE  
City-State-Zip: DELRAY BEACH FL 33446

Title DIRECTOR  
Name ROSENSHEIN, JOEL  
Address 7000 W. ATLANTIC AVENUE  
City-State-Zip: DELRAY BEACH FL 33446

Title DIRECTOR  
Name FEINBERG, ROCHELLE  
Address 7000 W. ATLANTIC AVENUE  
City-State-Zip: DELRAY BEACH FL 33446

Title DIRECTOR  
Name ALDER, EVERETT  
Address 7000 W. ATLANTIC AVENUE  
City-State-Zip: DELRAY BEACH FL 33446

Title ASST. TREASURER, DIRECTOR  
Name D'ORTIZ, LISA  
Address 7000 W. ATLANTIC AVENUE  
City-State-Zip: DELRAY BEACH FL 33446

Title DIRECTOR  
Name LEFKOWITZ, BONNIE  
Address 7000 W. ATLANTIC AVENUE  
City-State-Zip: DELRAY BEACH FL 33446

Title DIRECTOR  
Name SORCE, MARY ELLEN  
Address 7000 W. ATLANTIC AVENUE  
City-State-Zip: DELRAY BEACH FL 33446