

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000008387

**FILED**  
**Jan 22, 2014**  
**Secretary of State**  
**CC1682170627**

**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:** Yes

**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            PRESIDENT  
Name            IOVINE, FRANK  
Address        7000 W. ATLANTIC AVENUE  
City-State-Zip: DELRAY BEACH FL 33446

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

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

Title            ASST. TREASURER  
Name            ARDEN, STANLEY  
Address        7000 W. ATLANTIC AVENUE  
City-State-Zip: DELRAY BEACH FL 33446

Title            SECRETARY  
Name            SUTTLEMAN, PATRICIA  
Address        7000 W. ATLANTIC AVENUE  
City-State-Zip: DELRAY BEACH FL 33446

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

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

Title            DIRECTOR  
Name            GELFAND, ARTHUR  
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

**PRESIDENT**

**01/22/2014**

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

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

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

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

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

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

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