

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Apr 16, 2018
Secretary of State
CC8000629666

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

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

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

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

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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

04/16/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name LEVY, MICHAEL
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 FIRESTEIN, LINDA
Address 7000 W. ATLANTIC AVENUE
City-State-Zip: DELRAY BEACH FL 33446

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

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

Title DIRECTOR
Name KNIGHT, CHARLIE
Address 7000 W ATLANTIC AVE
City-State-Zip: DELRAY BEACH FL 33446

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

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