

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -8 PM 3:39

DOCUMENT # **731773** (8)

1. Corporation Name

JEWISH CLUB OF KINGS POINT WEST INC.

Principal Place of Business

Mailing Address

C/O LILLIAM BERMAN
1617 LELAND DR.
SUN CITY CENTER FL 33573
US

C/O LILLIAM BERMAN
1617 LELAND DR.
SUN CITY CENTER FL 33573
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **01/31/1975** 3a. Date of Last Report **03/11/1994**

4. FEI Number **NOT APPLICABLE** Applied For Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired \$0.75 Additional Fee Required

23 City & State

28 City & State

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 Zip

25 Country

29 Zip

30 Country

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BERMAN, LILLIAM
1617 LELAND DR.
SUN CITY CENTER FL 33573**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BERMAN, LILLIAM
STREET ADDRESS	1617 LELAND DR.
CITY-ST-ZIP	SUN CITY CENTER FL
TITLE	VD
NAME	PONEMON, HELENE
STREET ADDRESS	2105 HEREFORD DR.
CITY-ST-ZIP	SUN CITY CENTER FL
TITLE	S
NAME	KREITZER, SELMA
STREET ADDRESS	1902-18 DANDRIDGE ST.
CITY-ST-ZIP	SUN CITY CENTER FL
TITLE	T
NAME	SOLOMON, GWEN
STREET ADDRESS	2301 LANCASTER DR.
CITY-ST-ZIP	SUN CITY CENTER FL
TITLE	D
NAME	TUDOR, IDA
STREET ADDRESS	732 TORREY PINES AVE.
CITY-ST-ZIP	SUN CITY CENTER FL
TITLE	D
NAME	PELLEGRINO, SELMA
STREET ADDRESS	204 GLENELLEN PL.
CITY-ST-ZIP	SUN CITY CENTER FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	ZIP 33573
2.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	HEREFORD
2.4 CITY-ST-ZIP	ZIP 33573
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	ZIP 33573
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	ZIP 33573
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	ZIP 33573
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	ZIP 33573

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Lillian S. Berman*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Lillian Berman

Feb. 2, 1995 / 813-634-5104

Date (Day/Month/Year) Telephone #