

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 731773 (8)

1. Corporation Name
JEWISH CLUB OF KINGS POINT WEST INC.



Principal Place of Business Mailing Address
C/O LILLIAN BERMAN 1617 LELAND DR. SUN CITY CENTER FL 33573 US
C/O LILLIAN BERMAN 1617 LELAND DR. SUN CITY CENTER FL 33573 US

3. Date Incorporated or Qualified 01/31/1975 3a. Date of Last Report 03/08/1995

2. Principal Place of Business 2a. Mailing Address
21 Ida Tudor 26 Ida Tudor
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 732 Torrey Pines Ave 27 732 Torrey Pines Ave
City & State City & State
23 Sun City Center, Fl 28 Sun City Center, Fl
Zip Country Zip Country
24 33573 25 Hillsborough 29 33573 30 Hillsborough

4. FEI Number NOT APPLICABLE Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
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, LILLIAN 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Ida Tudor, President March 7, 1996
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when not stating DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	BERMAN, LILLIAN	1.2 NAME	Ida Tudor
STREET ADDRESS	1617 LELAND DR.	1.3 STREET ADDRESS	732 Torrey Pines Ave
CITY-ST-ZIP	SUN CITY CENTER FL	1.4 CITY-ST-ZIP	Sun City Center, Fl 33573
TITLE	VD	2.1 TITLE	VD
NAME	PONEMON, HELENE	2.2 NAME	Hilda Linde
STREET ADDRESS	2105 HEREFORD DR.	2.3 STREET ADDRESS	129 Glendower Cir
CITY-ST-ZIP	SUN CITY CENTER FL	2.4 CITY-ST-ZIP	Sun City Center, Fl 33573
TITLE	S	3.1 TITLE	S
NAME	KREITZER, SELMA	3.2 NAME	Beverly Alter
STREET ADDRESS	1902-18 DANDRIDGE ST.	3.3 STREET ADDRESS	1004 Otter Mill Way
CITY-ST-ZIP	SUN CITY CENTER FL	3.4 CITY-ST-ZIP	Sun City Center, Fl 33573
TITLE	T	4.1 TITLE	T
NAME	SOLOMON, GWEN	4.2 NAME	Enid Sharf
STREET ADDRESS	2301 LANCASTER DR.	4.3 STREET ADDRESS	2006 El Rancho Dr
CITY-ST-ZIP	SUN CITY CENTER FL	4.4 CITY-ST-ZIP	Sun City Center, Fl 33573
TITLE	D	5.1 TITLE	D
NAME	TUDOR, IDA	5.2 NAME	Freda Shusterman
STREET ADDRESS	732 TORREY PINES AVE.	5.3 STREET ADDRESS	2020 E. Del Web
CITY-ST-ZIP	SUN CITY CENTER FL	5.4 CITY-ST-ZIP	Sun City Center, Fl 33573
TITLE	D	6.1 TITLE	
NAME	PELEGRINO, SELMA	6.2 NAME	
STREET ADDRESS	204 GLENELLEN PL.	6.3 STREET ADDRESS	
CITY-ST-ZIP	SUN CITY CENTER FL	6.4 CITY-ST-ZIP	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ida Tudor IDA TUDOR Mar. 7, 1996 813-634-7652
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) Daytime Phone #

CR2E037 (12/95)