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Apr 09 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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 IDA TUDOR  
732 TORREY PINES AVE  
SUN CITY CENTER FL 33573  
US

C/O IDA TUDOR  
732 TORREY PINES AVE  
SUN CITY CENTER FL 33573-5544  
US

2. Principal Place of Business

2a. Mailing Address

21 c/o Ida Tudor

26 c/o Ida Tudor

3. Date Incorporated or Qualified  
01/31/1975

3a. Date of Last Report  
03/18/1996

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

22 732 Torrey Pines Ave

27 732 Torrey Pines Ave

23 Sun City Center, Fl

28 Sun City Center, Fl

24 33573

25 Hillsbourg

29 33573

30 Hillsbourg

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  
Ida Tudor

82 Street Address (P.O. Box Number is Not Acceptable)  
732 Torrey Pines Ave

83

84 City  
Sun City Center, FL 85 Zip Code  
33573

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 April 1, 1997

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME TUDOR, IDA  
STREET ADDRESS 732 TORREY PINES AVE  
CITY-ST-ZIP SUN CITY CENTER FL  
 DELETE

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
 Change  Addition

TITLE VD  
NAME LINDE, HILDA  
STREET ADDRESS 129 GLENDOWER CIR  
CITY-ST-ZIP SUN CITY CENTER FL  
 DELETE

2.1 TITLE VD  
2.2 NAME Freda Shusterman  
2.3 STREET ADDRESS 2020 Del Webb East  
2.4 CITY-ST-ZIP Sun City Center, Fl 33573  
 Change  Addition

TITLE S  
NAME ALTER, BEVERLY  
STREET ADDRESS 1004 OTTER MILL WAY  
CITY-ST-ZIP SUN CITY CENTER FL  
 DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
 Change  Addition

TITLE T  
NAME SHARF, ENID  
STREET ADDRESS 2006 EL RANCHO DR  
CITY-ST-ZIP SUN CITY CENTER FL  
 DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
 Change  Addition

TITLE D  
NAME SHUSTERMAN, FREDA  
STREET ADDRESS 2020 E. DLE WEBB  
CITY-ST-ZIP SUN CITY CENTER FL  
 DELETE

5.1 TITLE D  
5.2 NAME ROSE DAVID  
5.3 STREET ADDRESS 2210 Del Webb West  
5.4 CITY-ST-ZIP Sun City Center, Fl 33573  
 Change  Addition

TITLE D  
NAME PELLEGRINO, SELMA  
STREET ADDRESS 204 GLENELLEN PL.  
CITY-ST-ZIP SUN CITY CENTER FL  
 DELETE

6.1 TITLE D  
6.2 NAME Jack Nathanson  
6.3 STREET ADDRESS 2107 Halcyon Dr, S.  
6.4 CITY-ST-ZIP Sun City Center, Fl 33573  
 Change  Addition

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: [Signature] REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0046531

April 1, 1997  
813-634-7652

CR2E037 (9/96)