


FILE NOW: FILING FEE IS \$61.25

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Mar 11 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 731773 (8)**

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



Principal Place of Business C/O IDA TUDOR 732 TORREY PINES AVE SUN CITY CENTER FL 33573 US	Mailing Address C/O IDA TUDOR 732 TORREY PINES AVE SUN CITY CENTER FL 33573 US
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3. Date Incorporated or Qualified <b>01/31/1975</b>	
4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
6. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 c/o Richard Axinn Suite, Apt. #, etc. 22 813 LaJolla Ave City & State 23 Sun City Center, Fl Zip 24 33573	2a. Mailing Address 26 c/o Richard Axinn Suite, Apt. #, etc. 27 813 LaJolla Ave City & State 28 Sun City Center, Fl Zip 29 33573	Country 25 USA Country 30 USA
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9. Name and Address of Current Registered Agent

**TUDOR, IDA  
732 TORREY PINES AVE.  
SUN CITY CENTER FL 33573**

10. Name and Address of New Registered Agent

81 Name <b>Richard Axinn</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>813 La Jolla Ave</b>	
83	
84 City <b>Sun City Center, FL</b>	85 Zip Code <b>33573</b>

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 **Richard Axinn, President** *Richard Axinn* **Jan 21, 1998**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when retreating) DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD TUDOR, IDA 732 TORREY PINES AVE SUN CITY CENTER FL</b>	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VD SHUSTERMAN, FRED A 2020 DEL WEBB EAST SUN CITY CENTER FL</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S ALTER, BEVERLY 1004 OTTER MILL WAY SUN CITY CENTER FL</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T SHARF, ENID 2006 EL RANCHO DR SUN CITY CENTER FL</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D ROSE, DAVID 22210 DEL WEBB WEST SUN CITY CENTER FL</b>	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D NATHANSON, JACK 2107 HALCYON DR. S. SUN CITY CENTER FL</b>	<input checked="" type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>President Richard Axinn 813 La Jolla Ave Sun City Center, Fl 33573</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<b>Director Gertrude Weschler 503 B Flintshire Ct Sun city Center FL 33573</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

14. I 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, on an attachment with an address.

SIGNATURE: *Richard Axinn* **Richard Axinn** **Jan 21, 1998** **813-633-2548**

CFR2037 (10/97)