

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

61.25  
8.75  
70.00

DOCUMENT # 732209 (2)  
1. Corporation Name  
KINGS POINT CONDOMINIUM OWNERS' ASSOCIATION, INC

PA 4-2-96  
CR# 115



Principal Place of Business: 1902 CLUBHOUSE DR. SUITE B SUN CITY CENTER FL 33573  
Mailing Address: 1902 CLUBHOUSE DR. SUITE B SUN CITY CENTER FL 33573

3. Date Incorporated or Qualified: 03/19/1975  
3a. Date of Last Report: 03/24/1995  
4. FEI Number: 59-1749186  
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

2. Principal Place of Business: 21, 22, 23, 24  
2a. Mailing Address: 26, 27, 28, 29, 30

9. Name and Address of Current Registered Agent  
TANKEL, ROBERT L.  
33 N. GARDEN AVENUE  
SUITE 960  
CLEARWATER FL 34615

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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: \_\_\_\_\_ DATE: \_\_\_\_\_  
(NOTE: Registered Agent signature required when re-stating)

12. OFFICERS AND DIRECTORS		
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	O'DELL, MARIE	
STREET ADDRESS	410B FARADAY TR	
CITY-ST-ZIP	SUN CITY CNTR, FL 00000	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	MARTINELL, WM	
STREET ADDRESS	1606 LELAND DR	
CITY-ST-ZIP	SUN CITY CNTR, FL 0	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	FRY, CHARLOTTE	
STREET ADDRESS	821 MANCHESTER WOODS DR	
CITY-ST-ZIP	SUN CITY CNTR, FL 00000	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	WOOD, ARTHUR	
STREET ADDRESS	2415 LOCKSLEY ST.	
CITY-ST-ZIP	SUN CITY CNTR, FL 00000	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PELEGRINO, ARTHUR	
STREET ADDRESS	204 GLENELLEN PLACE	
CITY-ST-ZIP	SUN CITY CNTR, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ARTHUR PELLEGRINO	
1.3 STREET ADDRESS	204 GLENELLEN PL	
1.4 CITY-ST-ZIP	SUN CITY CENTER, FL 33573	
2.1 TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HENRY LINDHURST	
2.3 STREET ADDRESS	1324 IDLEWOOD DR	
2.4 CITY-ST-ZIP	SUN CITY CENTER, FL 33573	
3.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MARIE BEANE	
3.3 STREET ADDRESS	220 GLOUCESTER BLVD.	
3.4 CITY-ST-ZIP	SUN CITY CENTER, FL 33573	
4.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	REGINA M. LINDHURST	
4.3 STREET ADDRESS	1324 IDLEWOOD DR	
4.4 CITY-ST-ZIP	SUN CITY CENTER, FL 33573	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: Arthur Pellegrino 4-2-96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)