FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 732209

(2)

KINGS POINT CONDOMINIUM OWNERS' ASSOCIATION, INC

•						
Principal Plac	ce of Business	Mailing Address			01) 910): 916) 01811 0101; 0101) 9181(100)	
1002 CHIBHOL	USE DR. SUITE B	1902 CLUBHOUSE DR. SUITE	. ם			
SUN CITY CEN		SUN CITY CENTER FL 33573				
				3. Date Incorporated or Qualified	3a. Date of Last Report	
				03/19/1975	04/05/1996	
2. Principal F	Place of Business	2a. Mailing Address	· "···································	4. FEI Number	Applied For	
21		26		59-1749186	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27		Certificate of Status Desired	Fee Required	
City & Stal	lo	City & State		6. Election Campaign Financing	\$5.00 May Be	
23 Zip	Country		Country	Trust Fund Contribution	LI Added to Fees	
24	25	29 3		8. This corporation has liability for in Florida Statutes	ntangible tax under s. 199.032, Yes No	
24	9. Name and Address of Curre		<u> </u>	10. Name and Address of New Reg		
			81 Name			
TANKEL	., ROBERT L.			JAMES R. DEFURIO 2 Street Address (P.O. Box Number is Not Acceptable)		
33 N. GARDEN AVENUE			33	33 NORTH GARDEN AVE. SUITE 960		
SUITE 960			83			
CLEARV	VATER FL 34615	. 1	84 City		85 Zip Code	
	$\sim \sim$		C16	earwater FL.	FL 34615	
	to the provisions of Sections 617.0 registered agent, or both an the Sut	02 and 617.1508, Florida Statutes	the above-named corpora	poration submits this statement for the partition's board of directors. I hereby accept	urpose of changing its registered	
	am familiar with, an accept the	pations 4, Section 617.0503, Flori	da Statutes.	tions board or directors. Thereby accept	C The appointment as registered	
SIGNATURE	11101	<i>V</i>		41	1717	
12.	Signature, typid or printed name of registered as	perfit and title if applicable (NOTE:: ND DIRECTORS	Registered Agent signature requi	ADDITIONS/CHANGES TO OFFIC	EDS AND DIRECTORS IN 12	
TITLE	PØ	DELETE	1.1 TITLE	ADDITION OF THE STATE OF THE	Change Addition	
NAME	PELLEGRINO, ARTHUR		1.2 NAME			
STREET ADDRESS	204 GLENELLEN PLACE		1,3 STREET ADDRESS			
CITY-ST-ZIP	SUN CITY CENTER FL		1.4 CITY - ST - ZIP		·	
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition	
NAME	LINDHURST, HENRY		2.2 NAME			
STREET ADDRESS	1324 IDLEWOOD DRIVE		2.3 STREET ADDRESS			
CITY-ST-ZIP	SUN CITY CENTER FL	P I DECETE	2.4 CITY-ST-ZIP			
TRILE	SD BEANE MADIE	☐ DELETE	3.1 TITLE		Change Addition	
NAME CIOCCI ADODECC	BEANE, MARIE 220 GLOUCESTER BLVD		3.2 NAME			
STREET ADDRESS	SUN CITY CENTER FL		3.3 STREET ADDRESS		1	
CITY-ST-ZIP TITLE	TD	DELETE	3.4. CITY-ST-ZIP		Change Addition	
NAME	LINDHURST, REGINA M.		4 2 NAME	CD		
STREET ADDRESS	1324 IDLEWOOD DRIVE		42 CTOCCT ADDDCCC	VILLIAMSON, WALTER		
CITY-ST-ZIP	SUN CITY CENTER FL		1	1902 CLUBHOUSE DR.	SUITE B	
TITLE		DELETE	5.1 TITLE	SUN CITY CENTER FL	· J3 5 Pages 4 Marition	
NAME			5.2 NAME		- · v // (X	
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE	1	DELETE	6.1 TITLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS	1		6.3 STREET ADDRESS			

6.4 CITY-ST-ZIP

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

CITY-ST-ZIP

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ellegrino

A/22/97

FILED

May 08 1997 8:00am

Secretary of State