

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90003 028 ****61.25

DOCUMENT # 732209

1. Corporation Name

KINGS POINT CONDOMINIUM OWNERS' ASSOCIATION, INC

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

03/19/1975

4. FEI Number

59-1749186

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

9. Name and Address of Current Registered Agent

DEFURIO, JAMES R 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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PELEGRINO, ARTHUR	
STREET ADDRESS	204 GLENELLEN PLACE	
CITY-ST-ZIP	SUN CITY CENTER FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	STONEBARGER, GILBERT	
STREET ADDRESS	523 PRINCETON GREENSCOURT	
CITY-ST-ZIP	SUN CITY CENTER FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BEANE, MARIE	
STREET ADDRESS	220 GLOUCESTER BLVD	
CITY-ST-ZIP	SUN CITY CENTER FL	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAMSON, WALTER R	
STREET ADDRESS	1902 CLUBHOUSE DR SUITE B	
CITY-ST-ZIP	SUN CITY CENTER FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	VP Henry Lindhurst
2.3 STREET ADDRESS	1324 Idlewood Dr. DECEASED
2.4 CITY-ST-ZIP	Sun City Center FL APRIL 3, 1999
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SD Regina Lindhurst
3.3 STREET ADDRESS	1324 Idlewood Dr.
3.4 CITY-ST-ZIP	Sun City Center Fl.
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TD Beatrice Hunter
4.3 STREET ADDRESS	1510 Ingram Dr.
4.4 CITY-ST-ZIP	SunCity Center Fl.
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 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 4/23/99 Arthur Pellegrino

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Signature Phone #

CR2E037 (11/98)