

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2000 8:00 am
Secretary of State

01-21-2000 90054 037 ****70.00

DOCUMENT # 732209

1. Entity 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 33573-5912

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

80004013



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1749186

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

DEFURIO, JAMES R
33 N. GARDEN AVENUE
SUITE 960
CLEARWATER FL 34615

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

- TITLE **PD** Delete
 NAME **PELLEGRINO, ARTHUR**
- STREET ADDRESS **204 GLENELLEN PLACE**
- CITY-ST-ZIP **SUN CITY CENTER FL**
- TITLE **VP** Delete
 NAME ~~LINDHURST, REGINA~~
- STREET ADDRESS ~~1324 IDLEWOOD DR~~
- CITY-ST-ZIP ~~SUN CITY CENTER FL~~
- TITLE **SD** Delete
 NAME **LINDHURST, REGINA**
- STREET ADDRESS **1324 IDLEWOOD DR**
- CITY-ST-ZIP **SUN CITY CENTER FL**
- TITLE **TD** Delete
 NAME **HUNTER, BEATRICE**
- STREET ADDRESS **1510 INGRAM DR**
- CITY-ST-ZIP **SUN CITY CENTER FL**
- TITLE Delete
- NAME
- STREET ADDRESS
- CITY-ST-ZIP
- TITLE Delete
- NAME
- STREET ADDRESS
- CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

- TITLE Change Addition
- NAME
- STREET ADDRESS
- CITY-ST-ZIP
- TITLE **VP** Change Addition
- NAME **BETTY KRAJEWSKI**
- STREET ADDRESS **1806B FOXHUNT DRIVE**
- CITY-ST-ZIP **SUN CITY CENTER, FL. 33573**
- TITLE Change Addition
- NAME
- STREET ADDRESS
- CITY-ST-ZIP
- TITLE Change Addition
- NAME
- STREET ADDRESS
- CITY-ST-ZIP
- TITLE Change Addition
- NAME
- STREET ADDRESS
- CITY-ST-ZIP

CF12E037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Arthur Pellegrino
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ARTHUR PELLEGRINO

813-633-1710
1/11/2000

Date

Daytime Phone #