2008 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # 747570

1. Entity Name
INDEPENDENT CONDOMINIUM ASSOCIATIONS OF KINGS POINT, INC.

FILED
08 NOV -6 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10-24-08 01023 010 $236.25

REINSTATEMENT 68
10272008 REIN-NP CR2E099 (1/07)

Principal Place of Business	Mailing Address
7000 WEST ATLANTIC AVE. DELRAY BEACH, FL 33446	6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-1926327 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CAPRI K 6300 PARK OF COMMERCE BLVD BOCA RATON, FL 33487	Name: RMF MANAGEMENT GROUP INC Street Address (P.O. Box Number is Not Acceptable): 6300 PARK OF COMMERCE BLVD. City: BOCA RATON FL FL Zip Code: 33487

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS $236.25
After January 1, 2009, Fee will be $297.50

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	1VD RIGOLETTO, RAYMOND 514 CAPRI K DELRAY BEACH, FL 33484	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	2VPD YATES, MAE 157 CAPRI D DELRAY BEACH, FL 33484	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S COHEN, STANLEY 707 BURGUNDY O DELRAY BEACH, FL 33484	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P DIBLASIO, JERRY 381 BURGUNDY "H" DELRAY BEACH, FL 33484	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PARK, IRIS 284 CAPRI F DELRAY BEACH, FL 33484	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	POCH, IRIS	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

11/7

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ _____ _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #