

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2006 08:00 AM
Secretary of State

DOCUMENT # 749857

1. Entry Name
**KINGS POINT WEST RECREATION FACILITY RULES
ASSOCIATION, INC.**



Principal Place of Business
**ASSOCIATION, INC.
1900 CLUBHOUSE DR
SUN CITY CENTER, FL 33573-5912**

Mailing Address
**ASSOCIATION, INC.
1900 CLUBHOUSE DR
SUN CITY CENTER, FL 33573-5912**



01192006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**BORINI, DIANE
1900 CLUBHOUSE DRIVE
SUN CITY CENTER, FL 33573**

**DO NOT WRITE
IN THIS SPACE**

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: *Diane Borini* **DIANE BORINI**

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

(NOTE: Registered Agent signature required when reinstating)

1/19/06
DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**SD
BORINI, DIANE
1900 CLUBHOUSE DR
SUN CITY, FL 33573**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
HOOKS, GENE
1900 CLUBHOUSE DRIVE
SUN CITY CENTER, FL 33573**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
MAQUIRE, SARAH
1900 CLUBHOUSE DR.
SUN CITY CENTER, FL 33573**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000427887
02/21/06-80025-008 61.25

**DO NOT WRITE
IN THIS SPACE**

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: *Diane Borini* **DIANE BORINI**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/19/06
Date

813-642-1461
Daytime Phone #