2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jul 21, 2008 8:00 am Secretary of State

DOCUMENT # 749857 1. Entity Name KINGS POINT WEST RECREATION FACILITY RULES ASSOCIATION, INC. 07-21-2008 90031 024	****70.00
ALT ALL	
Principal Place of Business ASSOCIATION, INC. 1900 CLUBHOUSE DR SUN CITY CENTER, FL 33573-5912 ASSOCIATION, INC. 1900 CLUBHOUSE DR SUN CITY CENTER, FL 33573-5912 3. Mailing Address,	
1902 Clubhouse DRIVE 1902 Clubhouse DRIVE	
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite B O7182008 Chg-NP CR2E037	<u> </u>
SUN CITY CENTER FL SUN CITY CENTER FL NOT APPLICABLE	Applied For Not Applicable
33573 USA 33573 USA 5. Certificate di Status Desireu A Fe	8.75 Additional e Required
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent	ent
BORINI, DIANE 1900 CLUBHOUSE DRIVE Name FORREST DAVIS Street Address (P.O. Box Number is Not Acceptable)	 -
SUN CITY CENTER, FL 33573	<u> </u>
Suite B City Sun City CENTER FL	Zip Code 3 3 5 7 3
SUN CHA LEMPA	
8. The above named entity submits this statement for the purpose of changing its registered office or registered again, or both, in the State of Florida. I am fan	
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 fan the obligations of registered agent.	niliar with, and accept
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 fan the obligations of registered agent.	
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 fan the obligations of registered agent. SIGNATURE SIGNATUR	rilliar with, and accept
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 fan the obligations of registered agent. **SIGNATURE** **Filling Fee Is \$61.25 **Due by September 12, 2008 **Trust Fund Contribution.** **Filling Fee Is \$61.25 **Due by September 12, 2008 **Trust Fund Contribution.** **Trust Fund	Rilliar with, and accept a second sec
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 fan the obligations of registered agent. SIGNATURE FORREST DAVIS RESIDENT To registered agent and the lil applicable (NOTE: Registered Agent signature required when renstating) DATE	Repair with, and accept a second seco
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 fan the obligations of registered agent. FIGURE 1 FORREST DAVIS RESIDENT 7-/ FORREST DAVIS RESIDENT 7-/ FORREST DAVIS FORREST DAVIS RESIDENT 7-/ FORREST DAVIS RESIDENT 9. Election Campaign Financing Trust Fund Contribution. 9. Election Campaign Financing Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. PRESIDENT DIRECTOR.	Rilliar with, and accept 2008 Dayable to nent of State
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 fan the obligations of registered agent. SIGNATURE Filling Fee is \$61.25 Due by September 12, 2008 10. OFFICERS AND DIRECTORS DIRECTORS DIRECTORS DIRECTOR DIR	Payable to nent of State CTORS IN 10 Change
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 fan the obligations of registered agent. 7 - Applications of registered agent. FILING Fee is \$61.25 Due by September 12, 2008 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS 11. FRESIDENT - DIRECTOR - DIRE	Payable to pent of State CTORS IN 10 Change Addition
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 fan the obligations of registered agent. FILING Fee is \$61.25 Due by September 12, 2008 To provide name of registered agent and title if appointed by September 12, 2008 To provide name of registered agent and title if appointed by September 12, 2008 To provide name of registered agent and title if appointed by September 12, 2008 Provided Provided Name of registered agent and title if appointed when required when reinstating) Part Provided Name Provided Name of registered agent. Part Signature required when reinstating) Part Provided Name Provided Name of registered agent. Part Signature required when reinstating) Part Provided Name Provided Name of registered agent. Part Signature required when reinstating) Part Part Signature required when reinstating) Part Provided Name Provided Name of registered agent. Part Signature required when reinstating) Part Signature re	Payable to nent of State CTORS IN 10 Change Addition
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 fan the obligations of registered agent. SIGNATURE	payable to nent of State CTORS IN 10 Change Addition Change Addition
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am fan the obligations of registered agent. FILING Fee is \$61.25 Due by September 12, 2008 Trust Fund Contribution. DEFICERS AND DIRECTORS TITLE SD NAME BORINI, DIANE STREET ADDRESS 19. Election Campaign Financing Trust Fund Contribution. TITLE SD NAME BORINI, DIANE STREET ADDRESS 1900 CLUBHOUSE DR NAME FOITI, RUSSELL STREET ADDRESS 1900 CLUBHOUSE DR	payable to nent of State CTORS IN 10 Change Addition Change Addition
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 fan the obligations of registered agent. SIGNATURE	rilliar with, and accept 8 - 200 8 Description of State CTORS IN 10 Change Addition 7 - 8 7 3 Addition 7 - 8 3 5 7 3 Change Addition
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 fan the obligations of registered agent. SIGNATURE	rilliar with, and accept 8 - 200 8 Depart of State CTORS IN 10 Change
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 fan the obligations of registered agent. SIGNATURE	rilliar with, and accept 8 - 200 8 Depart of State CTORS IN 10 Change
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am fan the obligations of registered agent. SIGNATURE	rilliar with, and accept 8 - 200 8 Depart of State CTORS IN 10 Change
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am fan the obligations of registered agent. SIGNATURE	Payable to pent of State CTORS IN 10 Change Addition Change Addition
8. The above named entity submits this statement for the purpose of changing its registered office or registered agont, or both, in the State of Florida. I am fan the obligations of registered agent. SIGNATURE	Payable to pent of State CTORS IN 10 Change Addition Change Addition
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am far the obligations of registered agent. SIGNATURE	Payable to pent of State CTORS IN 10 Change Addition Change Addition Addition Addition Addition Addition Addition Addition Addition Addition
10. OFFICERS AND DIRECTORS TITLE BORINI, DIANE B	rilliar with, and accept 8 200 8 December 200 8 December 200 8 December 200 8 Connect of State CTORS IN 10 Change Addition
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 fair the obligations of registered agent. Signature Formation	rilliar with, and accept 8 200 8 December 200 8 December 200 8 December 200 8 Connect of State CTORS IN 10 Change Addition
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent. Signature Forest Pauls Resident Re	rilliar with, and accept S
8. The above named entity submits this statement for the purpose of changing its registered office or registered agorit, or both, in the State of Florida. I am fair the obligations of registered agent. SIGNATURE	rilliar with, and accept S

12. I hereby certify that the information supplied with this filling 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 TYPEO OF PRINTED N.

AND TOPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-18-2008

Daytime Phone #