

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

07-21-2008 90031 024 ****70.00

DOCUMENT # 749857 1. Entity 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	
2. Principal Place of Business - No P.O. Box # 1902 Clubhouse DRIVE Suite, Apt. #, etc. SUITE B City & State SUN CITY CENTER, FL Zip 33573 Country USA				3. Mailing Address 1902 Clubhouse DRIVE Suite, Apt. #, etc. SUITE B City & State SUN CITY CENTER, FL Zip 33573 Country USA	
6. Name and Address of Current Registered Agent BORINI, DIANE 1900 CLUBHOUSE DRIVE SUN CITY CENTER, FL 33573				7. Name and Address of New Registered Agent Name FORREST DAVIS Street Address (P.O. Box Number is Not Acceptable) 1902 CLUBHOUSE DRIVE SUITE B City SUN CITY CENTER FL Zip Code 33573	
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 <i>Forrest Davis</i> FORREST DAVIS, PRESIDENT DATE 7-18-2008 <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>					
Filing Fee is \$61.25 Due by September 12, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		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	SD BORINI, DIANE 1900 CLUBHOUSE DR SUN CITY, FL 33573	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PRESIDENT-DIRECTOR FORREST DAVIS 1902 CLUBHOUSE DRIVE, SUITE B SUN CITY CENTER, FL 33573	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD FOITI, RUSSELL 1900 CLUBHOUSE DR SUNCITY CENTER, FL 32573	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VICE PRESIDENT-DIRECTOR ROBERT SITZER 1902 CLUBHOUSE DRIVE, SUITE B SUN CITY CENTER, FL 33573	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD HOULIMAN, SHEILA 1900 CLUBHOUSE DR SUN CITY CENTER, FL 33573	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	SECRETARY-DIRECTOR ALICE GALLAGHER 1902 CLUBHOUSE DRIVE, SUITE B SUN CITY CENTER, FL 33573	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 <i>Forrest Davis</i> FORREST DAVIS <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				7-18-2008 <small>Date Daytime Phone #</small>	

40111727



07182008 Chg-NP CR2E037 (12/06)

4. FEI Number NOT APPLICABLE Applied For ☒ Not Applicable

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