

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 749857

FILED  
Apr 24, 2009  
Secretary of State

**Entity Name:** KINGS POINT WEST RECREATION FACILITY RULES ASSOCIATION, INC.

**Current Principal Place of Business:**

1902 CLUBHOUSE DRIVE SUITE B  
SUN CITY CENTER, FL 33573

**New Principal Place of Business:**

**Current Mailing Address:**

1902 CLUBHOUSE DRIVE SUITE B  
SUN CITY CENTER, FL 33573

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

DAVIS, FORREST  
1902 CLUBHOUSE DRIVE SUITE B  
SUN CITY CENTER, FL 33573 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: DAVIS, FORREST  
Address: 1902 CLUBHOUSE DRIVE SUITE B  
City-St-Zip: SUN CITY CENTER, FL 33573

Title: VPD ( ) Delete  
Name: SITZER, ROBERT  
Address: 1902 CLUBHOUSE DRIVE SUITE B  
City-St-Zip: SUN CITY CENTER, FL 33573

Title: SD ( ) Delete  
Name: GALLAGHEER, ALICE  
Address: 1902 CLUBHOUSE DRIVE SUITE B  
City-St-Zip: SUN CITY CENTER, FL 33573

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: GALLAGHER, ALICE  
Address: 1902 CLUBHOUSE DRIVE SUITE B  
City-St-Zip: SUN CITY CENTER, FL 33573

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FORREST DAVIS

PD

04/24/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date