


FILE NOW: FILING FEE IS \$61.25

FILED  
Jun 02 1997 8:00am  
Secretary of State

|   |   |  |
|---|---|--|
| <b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

DOCUMENT # 770328

1. Corporation Name

KINGS POINT TRAVEL CLUB, INC.

Principal Place of Business

Mailing Address

1900 CLUBHOUSE DR.  
SUN CITY CENTER, FL 33573  
US

2404 OXFORD DOWN CT.  
SUN CITY CENTER, FL 33573  
US

3. Date Incorporated or Qualified

09/19/1983

3a. Date of Last Report

06/09/96

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

33573

U.S.

4. FEI Number

59-2192816

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EVERETTE J. GLAS  
2404 OXFORD DOWN CT.  
SUN CITY CENTER, FL. 33573

81 Name

GLORIA J. McMANUS

82 Street Address (P.O. Box Number is Not Acceptable)

2416 OXFORD DOWN CT.

83

84

SUN CITY CENTER

FL

85 Zip Code

33573

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Gloria J. McManus, Treasurer

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

(NOTE: Registered Agent signature required when reinstating)

DATE

5/27/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                                 |
|----------------|---------------------------------|
| TITLE          | <input type="checkbox"/> DELETE |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> DELETE |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> DELETE |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> DELETE |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |
| TITLE          | <input type="checkbox"/> DELETE |
| NAME           |                                 |
| STREET ADDRESS |                                 |
| CITY-ST-ZIP    |                                 |

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           | P.D.  |
| 1.3 STREET ADDRESS | JAN M. McMANUS  |
| 1.4 CITY-ST-ZIP    | 2416 OXFORD DOWN CT.<br>SUN CITY CENTER, FL. 33573                |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           | T.D.  |
| 2.3 STREET ADDRESS | GLORIA J. McMANUS   |
| 2.4 CITY-ST-ZIP    | 2416 OXFORD DOWN CT.<br>SUN CITY CENTER, FL. 33573                |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           | S.D. BETTIE SALMON  |
| 3.3 STREET ADDRESS | 425 GLADSTONE PI.   |
| 3.4 CITY-ST-ZIP    | SUN CITY CENTER, FL. 33573  |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           | D   |
| 4.3 STREET ADDRESS | LESTER TILLMAN  |
| 4.4 CITY-ST-ZIP    | 301 CANTON CT.<br>SUN CITY CENTER, FL. 33573                      |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           | D   |
| 5.3 STREET ADDRESS | BOOTS KNECHT  |
| 5.4 CITY-ST-ZIP    | 753 McCAILLISTER AVE<br>SUN CITY CENTER, FL. 33573                |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           | 500002207775  |
| 6.3 STREET ADDRESS | -06/10/97--01076--004   |
| 6.4 CITY-ST-ZIP    | ***70.00  |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Gloria J. McManus, Treasurer

5/27/97 813 633 2999

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/96)