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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 770328

1. Corporation Name

KINGS POINT TRAVEL CLUB, INC.

Principal Place of Business

**1900 CLUBHOUSE DR
SUN CITY CENTER FL 33573
US**

Mailing Address

**2416 OXFORD DOWN CT.
SUN CITY CENTER FL 33573
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip **25** Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip **29** Country

3. Date Incorporated or Qualified

09/19/1983

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

9. Name and Address of Current Registered Agent

**MCMANUS, GLORIA J
2416 OXFORD DOWN COURT
SUN CITY CENTER FL 33573**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE
NAME **JAN MCMANUS**
STREET ADDRESS **2416 OXFORD DOWN CT.**
CITY-ST-ZIP **SUN CITY CENTER FL**

TITLE **D** ☐ DELETE
NAME **TILLMAN, LESTER**
STREET ADDRESS **301 CANTON COURT**
CITY-ST-ZIP **SUN CITY CENTER FL**

TITLE **D** ☐ DELETE
NAME **SALMON, BETTE**
STREET ADDRESS **425 GLADSTONE PLACE**
CITY-ST-ZIP **SUN CITY CENTER FL 33573**

TITLE **D** ☐ DELETE
NAME **MCMANUS, GLORIA**
STREET ADDRESS **2416 OXFORD DOWN CT.**
CITY-ST-ZIP **SUN CITY CENTER FL 33573**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **LOIS PARNELL**
1.3 STREET ADDRESS **2221 GREENWICH DR**
1.4 CITY-ST-ZIP **SUN CITY CENTER, FL 33573**

2.1 TITLE **D** ☐ Change ☒ Addition
2.2 NAME **BARBARA KUNHARDT**
2.3 STREET ADDRESS **2014 HAMPSTEAD CIR**
2.4 CITY-ST-ZIP **SUN CITY CENTER, FL 33573**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-4-99

Date

813 633 2999

Daytime Phone #

CR2E037 (1/98)