


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90330 015 \*\*\*\*70.00

|   |                                  |   |  |   |  |
|---|----------------------------------|---|--|---|--|
| <b>DOCUMENT # 770328</b><br>1. Entity Name<br><b>KINGS POINT TRAVEL CLUB, INC.</b>  |                                  |   |  |  |  |
| Principal Place of Business<br><b>1900 CLUBHOUSE DR<br/>SUN CITY CENTER, FL 33573 US</b>  |                                  |   | Mailing Address<br><b>2416 OXFORD DOWN CT.<br/>SUN CITY CENTER, FL 33573 US</b>  |   |  |
| 2. Principal Place of Business  |                                  | 3. Mailing Address  |  |   |  |
| Suite, Apt. #, etc.   |                                  | Suite, Apt. #, etc.   |  |   |  |
| City & State  |                                  | City & State  |  |   |  |
| Zip   | Country                          | Zip   | Country  | 4. FEI Number<br><b>59-2192816</b>  |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |                                  |   |  | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| 6. Name and Address of Current Registered Agent   |                                  |   | 7. Name and Address of New Registered Agent  |   |  |
| <b>MCMANUS, GLORIA J.<br/>2416 OXFORD DOWN COURT<br/>SUN CITY CENTER, FL 33573</b>  |                                  |   | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <span style="float: right;"><b>FL</b></span> Zip Code |   |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>   |                                  |   |  |   |  |
| <b>Filing Fee is \$61.25<br/>Due by May 1, 2004</b>   |                                  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be<br/>Added to Fees</b>  |  |
| <b>Make check payable to<br/>Florida Department of State</b>  |                                  |   |  |   |  |
| 10. OFFICERS AND DIRECTORS  |                                  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |   |  |
| TITLE   | PD                               | <input type="checkbox"/> Delete   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME  | <b>JAN MCMANUS</b>               |   | NAME   |   |  |
| STREET ADDRESS  | <b>2416 OXFORD DOWN CT.</b>      |   | STREET ADDRESS   |   |  |
| CITY-ST-ZIP   | <b>SUN CITY CENTER, FL</b>       |   | CITY-ST-ZIP  |   |  |
| TITLE   | D                                | <input type="checkbox"/> Delete   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME  | <b>SALMON, BETTE</b>             |   | NAME   |   |  |
| STREET ADDRESS  | <b>425 GLADSTONE PLACE</b>       |   | STREET ADDRESS   |   |  |
| CITY-ST-ZIP   | <b>SUN CITY CENTER, FL 33573</b> |   | CITY-ST-ZIP  |   |  |
| TITLE   | D                                | <input type="checkbox"/> Delete   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME  | <b>MCMANUS, GLORIA</b>           |   | NAME   |   |  |
| STREET ADDRESS  | <b>2416 OXFORD DOWN CT.</b>      |   | STREET ADDRESS   |   |  |
| CITY-ST-ZIP   | <b>SUN CITY CENTER, FL 33573</b> |   | CITY-ST-ZIP  |   |  |
| TITLE   | D                                | <input checked="" type="checkbox"/> Delete  | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME  | <b>HEITGER, LOIS</b>             |   | NAME   |   |  |
| STREET ADDRESS  | <b>2221 GREENWICH DR.</b>        |   | STREET ADDRESS   |   |  |
| CITY-ST-ZIP   | <b>SUN CITY CENTER, FL 33573</b> |   | CITY-ST-ZIP  |   |  |
| TITLE   | D                                | <input type="checkbox"/> Delete   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME  | <b>KUNHARDT, BARBARA</b>         |   | NAME   |   |  |
| STREET ADDRESS  | <b>2014 HAMPSTEAD CIR</b>        |   | STREET ADDRESS   |   |  |
| CITY-ST-ZIP   | <b>SUN CITY CENTER, FL 33573</b> |   | CITY-ST-ZIP  |   |  |
| TITLE   |                                  | <input type="checkbox"/> Delete   | TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME  |                                  |   | NAME   |   |  |
| STREET ADDRESS  |                                  |   | STREET ADDRESS   |   |  |
| CITY-ST-ZIP   |                                  |   | CITY-ST-ZIP  |   |  |
| 12. 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 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. |                                  |   |  |   |  |
| <b>SIGNATURE: <i>Gloria J. McManus</i> Gloria J. McManus 4/17/04 813 633 2999</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |                                  |   |  |   |  |