

3-24-98 B. 3642-C  
FILE NOW: FILING FEE IS \$61.25

FILED

Mar 24 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N10407** (7)

1. Corporation Name

**KINGS POINT WEST THEATRE CLUB, INC.**

Principal Place of Business

Mailing Address

**1804 CLUBHOUSE DR.  
SUN CITY CENTER FL 33573**

**1804 CLUBHOUSE DR.  
SUN CITY CENTER FL 33573**



3. Date Incorporated or Qualified

**07/24/1985**

4. FEI Number

**59-2592781**

Applied For

Not Applicable

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MURRAY, MARIAN  
2220 GREENHAVEN DR.  
SUN CITY CENTER FL 33573**

81 Name

**THERESE L. GARCIA**

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

**1337 Idelwood Drive**

83

**X#X#X**

84 City

**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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD** ☐ DELETE

NAME **FREEMAN, JONAS**  
STREET ADDRESS **2232 GRENADIER DR.**  
CITY-ST-ZIP **SUN CITY CENTER FL**

TITLE **D** ☐ DELETE

NAME **HILL, SYDNA**  
STREET ADDRESS **2027 HARTLEBURY WAY**  
CITY-ST-ZIP **SUN CITY CENTER FL**

TITLE **SD** ☐ DELETE

NAME **CHAPMAN, CAROL**  
STREET ADDRESS **2028 HAWHURST CIR**  
CITY-ST-ZIP **SUN CITY CENTER FL**

TITLE **D** ☒ DELETE

NAME **MACALUSO, VINCENT**  
STREET ADDRESS **1907 CANTERBURY LN VILLA #F8**  
CITY-ST-ZIP **SUN CITY CENTER FL**

TITLE **VPD** ☒ DELETE

NAME **MACALUSO, TERESA**  
STREET ADDRESS **1907 CENTERBURY LN. VILLA #F8**  
CITY-ST-ZIP **SUN CITY CENTER FL**

TITLE **TD** ☒ DELETE

NAME **MURRAY, MARIAN**  
STREET ADDRESS **2220 GREENHAVEN DR.**  
CITY-ST-ZIP **SUN CITY CENTER FL**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**Maurillo, Lois Ann... VPD**  
**912 McDaniel St.**  
**Sun City Center, FL**

**NONE**

**THERESE L. GARCIA**  
**1337 Idelwood Dr.**  
**Sun City Center, FL**

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.

SIGNATURE: X

**Jonas Freeman**

**March 16, 98 (813) 634-7701**

CR2E037 (10/97)