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Secretary of State

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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # N10407

1. Corporation Name

KINGS POINT WEST THEATRE CLUB, INC.

Principal Place of Business

1904 CLUBHOUSE DR.  
SUN CITY CENTER FL 33573

Mailing Address

1904 CLUBHOUSE DR.  
SUN CITY CENTER FL 33573



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified  
07/24/1985

4. FEI Number  
59-2592781

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

GARCIA, THERESE L.  
1337 IDELWOOD DR  
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]*  
Signature, typed or printed name of registered agent and true if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

March 31, 1999

12. OFFICERS AND DIRECTORS

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

☐ DELETE

TITLE D  
NAME HILL, SYONA  
STREET ADDRESS 2027 HARTLEBURY WAY  
CITY-ST-ZIP SUN CITY CENTER FL

☐ DELETE

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

☐ DELETE

TITLE VPD  
NAME MAURILLO, LOIS ANN  
STREET ADDRESS 912 MCDANIEL ST  
CITY-ST-ZIP SUN CITY CENTER FL

☐ DELETE

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

☐ DELETE

TITLE TD  
NAME GARCIA, THERESE L.  
STREET ADDRESS 1337 IDELWOOD DR  
CITY-ST-ZIP SUN CITY CENTER FL

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-31-99 813-6334328

CR2E037 (11/98)