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Apr 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N30577 (3)
1. Corporation Name
KINGS POINT CIVIC ASSOCIATION OF TAMARAC INC.



Principal Place of Business 7620 NOB HILL ROAD 10419 CLAIRMONT CIRCLE TAMARAC FL 33321 US		Mailing Address C/O BURT SCHOOL 7632 FAIRFAX DRIVE TAMARAC FL 33321 US	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 02/09/1989	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0136482	Applied For Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Country	29 Country	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
	30 Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent SCHOLL, BURT 7632 FAIRFAX DRIVE TAMARAC FL 33321		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	Pres
NAME	SCHOLL, BURT	1.2 NAME	ROBERT Fields Dir.
STREET ADDRESS	7632 FAIRFAX DR.	1.3 STREET ADDRESS	10665 Clairmont Circle
CITY-ST-ZIP	TAMARAC FL	1.4 CITY-ST-ZIP	Tamarac FL 33321
TITLE	VPD	2.1 TITLE	Vice Pres
NAME	SEIDEL, MARVIN	2.2 NAME	Leo Kleiman Dir.
STREET ADDRESS	9845 NORTH BELFORT CIRCLE	2.3 STREET ADDRESS	7440 Ashmont Circle
CITY-ST-ZIP	TAMARAC FL	2.4 CITY-ST-ZIP	Tamarac FL 33321
TITLE	VPD	3.1 TITLE	Vice Pres
NAME	FIELDS, ROBERT	3.2 NAME	Marvin Seidel Dir.
STREET ADDRESS	10665 CLAIRMONT CIRCLE	3.3 STREET ADDRESS	9645 N. Belfort Circle
CITY-ST-ZIP	TAMARAC FL	3.4 CITY-ST-ZIP	Tamarac FL 33321
TITLE		4.1 TITLE	Treas
NAME		4.2 NAME	Herman Gross Dir.
STREET ADDRESS		4.3 STREET ADDRESS	9511 Waldon Circle #111
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Tamarac FL 33321
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: Herman Gross HERMAN GROSS 2/5/98 954 526 5685

CR2E037 (10/97)