

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N34888 (0)

1. Corporation Name

FEDERATION OF KINGS POINT CONDOMINIUMS, INC.



Principal Place of Business

Mailing Address

1902 CLUBHOUSE DR STE A  
SUITE A  
SUN CITY CENTER FL 33573-4351  
US

1902 CLUBHOUSE DR STE A  
SUITE A  
SUN CITY CENTER FL 33573-4351  
US

3. Date Incorporated or Qualified  
10/24/1989

3a. Date of Last Report  
05/01/1995

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

TANKEL, ROBERT L  
% BECKER & POLIAKOFF, P.A.  
33 NORTH GARDEN AVENUE, SUITE 960  
CLEARWATER FL 34615-4116

81

Name  
ROBERT E. GREENE

82

Street Address (P.O. Box Number is Not Acceptable)  
c/o FLORIDA LIFESTYLE MANAGEMENT

83

1904 CLUBHOUSE DRIVE

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 reinstalling)

3/7/96

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
TD	HUNT PAUL	2021 HEREFORD DR.	SUN CITY CENTER FL 33573	<input type="checkbox"/>
VD	PELLEGRINO, ART	204 GLENELLEN PLACE	SUN CITY CENTER	<input type="checkbox"/>
PD	BLACKWOOD, BOB	2302 LANCASTER DR.	SUN CITY CENTER FL	<input type="checkbox"/>
SD	CICOTTE, ROY B	702 MASTERPIECE DRIVE	SUN CITY CENTER FL	<input type="checkbox"/>
SD	SEEGER, JAMES	1920 NAN TUCKETT DRIVE	SUN CITY CENTER FL	<input type="checkbox"/>
D	LUST, LEO	404B FULHAM CT.	SUN CITY CENTER FL 33573	<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4-26-96

Daytime Phone #

633-0858

CR2E037 (12/95)