

FILE NOW: FILING FEE IS \$61.25

FILED

May 15 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 # N34888 (0)**  
1. Corporation Name  
**FEDERATION OF KINGS POINT CONDOMINIUMS, INC.**



Principal Place of Business <b>1902 CLUBHOUSE DR STE A SUITE A SUN CITY CENTER FL 33573-4351 US</b>	Mailing Address <b>1902 CLUBHOUSE DR STE A SUITE A SUN CITY CENTER FL 33573-4351 US</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>10/24/1989</b>	4. FEI Number <b>59-2975259</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent <b>GREENE, ROBERT E. 1904 CLUBHOUSE DR. SUN CITY CENTER FL 33573</b>	
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10. Name and Address of New Registered Agent	
81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b>

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	
TITLE	<b>TD HUNT PAUL</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>2021 HEREFORD DR.</b>
STREET ADDRESS	<b>SUN CITY CENTER FL 33573</b>
CITY-ST-ZIP	
TITLE	<b>D PELLEGRINO, ART</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>204 GLENELLEN PLACE</b>
STREET ADDRESS	<b>SUN CITY CENTER</b>
CITY-ST-ZIP	
TITLE	<b>VD ZIMMERMAN, ARRON</b> <input type="checkbox"/> DELETE
NAME	<b>2244 GRENADIER DRIVE</b>
STREET ADDRESS	<b>SUN CITY CENTER FL</b>
CITY-ST-ZIP	
TITLE	<b>PD CLOTTE, ROY B</b> <input type="checkbox"/> DELETE
NAME	<b>702 MASTERPIECE DRIVE</b>
STREET ADDRESS	<b>SUN CITY CENTER FL</b>
CITY-ST-ZIP	
TITLE	<b>SD GREENE, RON</b> <input type="checkbox"/> DELETE
NAME	<b>1903 HANSON COURT</b>
STREET ADDRESS	<b>SUN CITY CENTER FL</b>
CITY-ST-ZIP	
TITLE	<b>D LUST, LEO</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>404B FULHAM CT.</b>
STREET ADDRESS	<b>SUN CITY CENTER FL 33573</b>
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>TD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>KRAJEWSKI, BETTY</b>
1.3 STREET ADDRESS	<b>1806-B FOXHUNT DRIVE</b>
1.4 CITY-ST-ZIP	<b>SUN CITY CENTER, FL 33573</b>
2.1 TITLE	<b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>SHELDON, BOB</b>
2.3 STREET ADDRESS	<b>2205 CANTERBURY LANE</b>
2.4 CITY-ST-ZIP	<b>SUN CITY CENTER, FL 33573</b>
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	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<b>SD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	<b>PETERSON, CARL</b>
6.3 STREET ADDRESS	<b>2007 HALCYON DRIVE NORTH</b>
6.4 CITY-ST-ZIP	<b>SUN CITY CENTER, FL 33573</b>

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: *Roy B. Cicotte* **ROY B. CLOTTE** 4-17-98 813-633-7620

CR2037 (10/97)

ALSO:

D

SOLOMON, IRV  
2301 LANCASTER DRIVE  
SUN CITY CENTER, FL 33573

D

KANE, JIM  
2401 NANTUCKET HARBOR LOOP  
SUN CITY CENTER, FL 33573

D

CAULEY, JOHN  
404 LAKEPOINT COURT  
SUN CITY CENTER, FL 33573