## FILE NOW: FILING FEE IS \$61.25

Mailing Address

US

1902 CLUBHOUSE DR STE A

SUN CITY CENTER FL 33573-4351

**NONPROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## **DOCUMENT # N34888**

Principal Place of Business

1902 CLUBHOUSE DR STE A

SUN CITY CENTER FL 33573-4351

SUITE A

US

FEDERATION OF KINGS POINT CONDOMINIUMS, INC.

21 Principal	Place of business	26			10/24/1989			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			4. FEI Number	Api	plied For	
22	27				59-2975259	No	t Applicable	
	City & State City & State			5. Certifcate of Status Desired		\$8.75 A		
23	28					Fee Required		
Zip	Country Zip Cou			5. Elocitor Campaign Financing Q0.00 May Be				
24					Trust Fund Contribution Added to Fees			
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent				
			81	Name				
GREENE, ROBERT E. 1904 CLUBHOUSE DR. SUN CITY CENTER FL 33573				82 Street Address (P.O. Box Number is Not Acceptable) 83				
				City		85 Zip C	ode	
							<u> </u>	
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								
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby 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			t signature re	equired when reinstating) DATE	DIDECTO	DC IN 40	
12.	OFFICERS AND		13.	<del></del> ,	ADDITIONS/CHANGES TO OFFICERS AND		Addition	
TITLE	TD	☐ DELETE	1.1 TITLE		T-1 0 1 .	☐ Change	☐ Augilion	
NAME	KRAJEWSKI, BETTY		1.2 NAME		John Cawley			
STREET ADDRES			1.3 STREET	ADDRESS	404 Lakepoint Court			
CITY-ST-ZIP	SUN CITY CENTER FL 33573		1.4 CITY-S	r-ZIP	Sun City Center, FL 33573		C Addition	
TITLE	D	☐ DELETE	2.1 TITLE		Paul Hunt	☐ Change	☐ Addition	
NAME	SHELDON, BOB		2.2 NAME		2021 Hereford Drive			
STREET ADDRES	<del>70</del>		2.3 STREET	ADDRESS				
CITY-ST-ZIP	SUN CITY CENTER 33573	<u></u>	2.4 CITY-S	T-ZIP	Sun City Center, FL 33573			
TIFLE	VD( -	☐ DELETE	3.1 TITLE		Gerald Kleinman	Change	Addition !	
NAME	ZIMMERMAN, ARRON		3.2 NAME		904 Kings Blvd.			
STREET ADDRES	ss 2244 GRENADIER DRIVE		3.3 STREET	ADDRESS	Sun City Center, FL 33573			
CITY-ST-ZIP	SUN CITY CENTER FL		3.4. CITY-S	T-ZIP	andy who, is 33373			
TITLE	PD	☐ DELETE	4.1 TITLE		Taina Salaman	Change	☐ Addition	
NAME	CICOTTE, ROY B	•	4.2 NAME		Irving Solomon 2301 Lancaster Drive			
STREET ADDRES	1 · · · · · · · · · · · · · · · · · · ·		4.3 STREET	ADDRESS	Sunditu Analy Cl 22572			
CITY-ST-ZIP	SUN CITY CENTER FL		4.4 CITY-S	r-ZIP	Suncity Center, FL 33573			
TITLE	D .	☐ DELETE	5.1 TITLE		Thomas Mckenna	Change	☐ Addition	
NAME	GREENE, RON-		5.2 NAME		201 Kings Blvd, A015			
STREET ADDRES			5.3 STREET		SunCity Center, FL 33573			
CITY-ST-ZIP	SUN CITY CENTER FL		5.4 CITY-S	T-ZIP	michig cand , FL 33373			
TITLE	SD	☐ DELETE	6.1 TITLE	[		Change	☐ Addition	
NAME	PETERSON, CARL		6.2 NAME					
STREET ADDRES	ss 2007 HALCYON DR NORTH	İ	6.3 STREET	ADDRESS				

6.4 CITY-ST-ZIP

SIGNATURE:

**SUN CITY CENTER FL 33573** 

Car ISPERISON RE REQUIRED

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.

**FILED** 

May 05, 1999 8:00 am Secretary of State

05-05-1999 90151 020 \*\*\*\*61.25

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