

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90451 015 ****61.25

DOCUMENT # N34888

1. Entity Name
FEDERATION OF KINGS POINT CONDOMINIUMS, INC.



Principal Place of Business
STERLING MANAGEMENT INC
701-B RICKENBACKER DRIVE
SUN CITY CENTER, FL 33573 US

Mailing Address
STERLING MANAGEMENT INC
701-B RICKENBACKER DRIVE
SUN CITY CENTER, FL 33573 US

14016786



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. *****New Address*****

City & State 1701-B Rickenbacker Drive
Sun City Center, FL 33573

Zip Country

04092004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2975259 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DE FURIO, ESQ., JAMES R
101 E. KENNEDY BLVD., STE 1030
TAMPA, FL 33602

Name James R. De Furio, Esquire

Street Address (P.O. Box Number is Not Acceptable)

101 East Kennedy Blvd. Suite 3000

City Tampa FL Zip Code 33602

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☒ Delete
NAME ZIMMERMAN, AARON
STREET ADDRESS 2244 GRENADUI
CITY-ST-ZIP SUN CITY CENTER, FL 33573

TITLE PD ☐ Change ☒ Addition
NAME Hunt, Paul
STREET ADDRESS 2120 Hereford Dr.
CITY-ST-ZIP Sun City Center, FL 33573

TITLE SD ☐ Delete
NAME WELLS, CLORIA
STREET ADDRESS 2001 NEEDLEBURY WAY
CITY-ST-ZIP SUN CITY CENTER, FL 33573

TITLE VPD ☐ Change ☒ Addition
NAME McCormick, Richard
STREET ADDRESS 834 McCallister Ave.
CITY-ST-ZIP Sun City Center, FL 33573

TITLE D ☒ Delete
NAME GEDER, CLIFF
STREET ADDRESS 514 PRINCETON DR
CITY-ST-ZIP SUN CITY CENTER, FL 33573

TITLE TD ☐ Change ☒ Addition
NAME Stoffel, Robert
STREET ADDRESS 2110 Acadia Greens Dr.
CITY-ST-ZIP Sun City Center, FL 33573

TITLE D ☒ Delete
NAME EINHORN, LOU
STREET ADDRESS 2708 LANCASTER DR
CITY-ST-ZIP SUN CITY CENTER, FL 33573

TITLE D ☐ Change ☒ Addition
NAME Bradford, Faye
STREET ADDRESS 1603 Hovington Cir.
CITY-ST-ZIP Sun City Center, FL 33573

TITLE TD ☒ Delete
NAME DE LOACH, JOANNA
STREET ADDRESS 1238 RADISON AVE.
CITY-ST-ZIP SUN CITY CENTER, FL 33573

TITLE D ☐ Change ☒ Addition
NAME Davis, Forrest
STREET ADDRESS 608 McCallister Ave.
CITY-ST-ZIP Sun City Center, FL 33573

TITLE SPD ☒ Delete
NAME MAGUIRE, SARAH
STREET ADDRESS 302 ANDOVER PLACE SOUTH
CITY-ST-ZIP SUN CITY CENTER, FL 33573

TITLE D ☐ Change ☒ Addition
NAME Holgate, Dick
STREET ADDRESS 971 Villeroy Greens Dr.
CITY-ST-ZIP Sun City Center, FL 33573

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #