
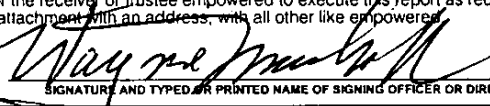


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**


05-01-2006 90320 024 \*\*\*\*61.25

|  |  |   |  |   |  |
|--|--|---|--|---|--|
| <b>DOCUMENT # N34888</b><br>1. Entity Name<br><b>FEDERATION OF KINGS POINT ASSOCIATIONS, INC.</b>  |  |   |  |                            |  |
| Principal Place of Business<br><b>STERLING MANAGEMENT INC</b><br><b>1701-B RICKENBACKER DRIVE</b><br><b>SUN CITY CENTER, FL 33573 US</b>   |  |   | Mailing Address<br><b>STERLING MANAGEMENT INC</b><br><b>1701-B RICKENBACKER DRIVE</b><br><b>SUN CITY CENTER, FL 33573 US</b>   |   |  |
| 2. Principal Place of Business   |  | 3. Mailing Address  |  |   |  |
| Suite, Apt. #, etc.  |  | Suite, Apt. #, etc.   |  |   |  |
| City & State   |  | City & State  |  |   |  |
| Zip  | Country  | Zip   | Country  | 03202006 Chg-NP CR2E037 (11/05)<br>4. FEI Number<br><b>59-2975259</b>                                       |  |
| 5. Certificate of Status Desired <input type="checkbox"/>  |  |   |  | <b>\$8.75 Additional Fee Required</b><br>Applied For<br><input type="checkbox"/> Not Applicable             |  |
| 6. Name and Address of Current Registered Agent  |  |   | 7. Name and Address of New Registered Agent  |   |  |
| <b>DE FURIO, ESQ., JAMES R</b><br><b>201 E. KENNEDY BLVD., STE 1460</b><br><b>TAMPA, FL 33602</b>  |  |   | Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br><div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div> |   |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating)<br><small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>  |  |   |  |   |  |
| <b>Filing Fee is \$61.25</b><br><b>Due by May 1, 2006.</b>   |  | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>  |  |
| Make check payable to Florida Department of State  |  |   |  |   |  |
| 10. OFFICERS AND DIRECTORS   |  |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10  |   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br><b>HUNT, PAUL</b><br><b>2120 HEREFORD DR</b><br><b>SUN CITY CENTER, FL 33573</b>                       | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>Wayne Musholt, President</b><br><b>2515 New Haven Circle</b><br><b>Sun City Center, FL 33573</b>         |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <del>YD</del><br><b>MCCORMICK, RICHARD</b><br><b>834 MCCALLISTER AVE</b><br><b>SUN CITY CENTER, FL 33573</b> | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>Richard McCormick, Director</b><br><b>834 McCallister Avenue</b><br><b>Sun City Center, FL 33573</b>     |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TD<br><b>STOFFEL, ROBERT</b><br><b>2110 ACADIA GREENS DR</b><br><b>SUN CITY CENTER, FL 33573</b>             | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>Cliff Seder, Vice President</b><br><b>514 Princeton Greens Court</b><br><b>Sun City Center, FL 33573</b> |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br><b>BRADFORD, FAYE</b><br><b>1603 HORINGTON CIR</b><br><b>SUN CITY CENTER, FL 33573</b>                  | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>Harry Kangieser, Director</b><br><b>2120 Grantham Greens Drive</b><br><b>Sun City Center, FL 33573</b>   |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <del>DA</del><br><b>DAVIS, FOREEST</b><br><b>608 MCCALLISTER AVE</b><br><b>SUN CITY CENTER, FL 33573</b>     | <input type="checkbox"/> Delete   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>Forrest Davis, Treasurer</b><br><b>608 McCallister Avenue</b><br><b>Sun City Center, FL 33573</b>        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | SD<br><b>WILLIAMS, RONALD</b><br><b>322 KELSEY WAY</b><br><b>SUN CITY CENTER, FL 33573</b>                   | <input checked="" type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>Karen Jean Renzi, Secretary</b><br><b>713 Masterpiece Drive</b><br><b>Sun City Center, FL 33573</b>      |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. |  |   |  |   |  |
| <b>SIGNATURE:</b>  <b>April 1, 2006</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>   |  |   |  |   |  |

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# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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| <b>DOCUMENT # N34888</b><br>1. Entity Name<br><b>FEDERATION OF KINGS POINT ASSOCIATIONS, INC.</b>  |   |  |  |  |   |
| Principal Place of Business<br><b>STERLING MANAGEMENT INC</b><br><b>1701-B RICKENBACKER DRIVE</b><br><b>SUN CITY CENTER, FL 33573 US</b>   |   |  | Mailing Address<br><b>STERLING MANAGEMENT INC</b><br><b>1701-B RICKENBACKER DRIVE</b><br><b>SUN CITY CENTER, FL 33573 US</b>         |   |   |
| 2. Principal Place of Business<br>Suite, Apt. #, etc.  |   |  | 3. Mailing Address<br>Suite, Apt. #, etc.  |   |   |
| City & State   |   |  | City & State   |   |   |
| Zip  |   | Country  |  | Zip   |   |
| Country  |   | Country  |  | 03222006 Chg-NP CR2E037 (11/05)   |   |
| 4. FEI Number<br><b>59-2975259</b>   |   |  |  | Applied For<br><input type="checkbox"/> Not Applicable                            |   |
| 5. Certificate of Status Desired <input type="checkbox"/>  |   |  |  | <b>\$8.75 Additional Fee Required</b>   |   |
| 6. Name and Address of Current Registered Agent<br><br><b>DE FURIO, ESQ., JAMES R</b><br><b>201 E. KENNEDY BLVD., STE 1460</b><br><b>TAMPA, FL 33602</b>   |   |  | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |   |   |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>   |   |  |  |   |   |
| <b>Filing Fee is \$61.25 Due by May 1, 2006</b>  |   | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> |  | <b>\$5.00 May Be Added to Fees</b>  |   |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | PD<br>NUNT, PAUL<br>2120 HEREFORD DR<br>SUN CITY CENTER, FL 33573           | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | Betty Krajewski, Director<br>1806-B Foxhunt Drive<br>Sun City Center, FL 33573  |
| <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |   |  |  |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | VD<br>MCCORMICK, RICHARD<br>834 MCALLISTER AVE<br>SUN CITY CENTER, FL 33573 | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | Paul Monnette, Director<br>629 Tremont Greens Lane<br>Sun City Center, FL 33573 |
| <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition   |   |  |  |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TD<br>STOFFEL, ROBERT<br>2110 ACADIA GREENS DR<br>SUN CITY CENTER, FL 33573 | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |  |   |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>BRADFORD, FAYE<br>1603 HORINGTON CIR<br>SUN CITY CENTER, FL 33573      | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | D<br>DAVIS, FOREEST<br>608 MCALLISTER AVE<br>SUN CITY CENTER, FL 33573      | <input type="checkbox"/> Delete  |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                    | <input type="checkbox"/> Change <input type="checkbox"/> Addition               |
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| <b>SIGNATURE:</b> <i>Wayne McNeill</i> <i>April 1, 2006</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>  |   |  |  |   |   |

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ATTACHMENT

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[REDACTED]