

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 8:00 am
Secretary of State

04-29-2008 90081 035 ****61.25

DOCUMENT # N34888 1. Entity Name FEDERATION OF KINGS POINT ASSOCIATIONS, INC.			
Principal Place of Business STERLING MANAGEMENT INC 1701-B RICKENBACKER DRIVE SUN CITY CENTER, FL 33573 US		Mailing Address STERLING MANAGEMENT INC 1701-B RICKENBACKER DRIVE SUN CITY CENTER, FL 33573 US	
2. Principal Place of Business - No P.O. Box # Sterling Management 1904 Clubhouse Drive Sun City Center, FL 33573		3. Mailing Address te. Apt. #, etc. y & State Country	
4. FEI Number 59-2975259		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DE FURIO, ESQ., JAMES R 201 E. KENNEDY BLVD., STE 1460 TAMPA, FL 33602		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>			
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
\$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 NAME STREET ADDRESS CITY-ST-ZIP	PD KANGIESER, HARRY 2120 GRANTHAM GREENS SUN CITY CENTER, FL 33573	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SINGER, RICHARD 1916 ACADIA GREENS DR. SUN CITY CENTER FL 33573
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GREENE, ROBERT 2101 HEMBURY PLACE SUN CITY CENTER, FL 33573	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD BOUSSIE, PAT 1012 MCDANIEL ST. SUN CITY CENTER FL 33573
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP SEDER, CLIFF 514 PRINCETON GREENS CT SUN CITY CENTER, FL 33573	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLOVER, RAY 1122 JAMESON GREENS DR. SUN CITY CENTER FL 33573
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOSMAN, HANK 814 MANCHESTER WOODS DR SUN CITY CENTER, FL 33573	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUNT, PAUL 2021 HEREFORD DR. SUN CITY CENTER FL 33573
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DAVIS, FOREEST 608 MCCALLISTER AVE SUN CITY CENTER, FL 33573	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KRAJEWSKI, BETTY 1806-B FOXHUNT DR. SUN CITY CENTER FL 33573
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RENZI, KAREN JEAN 713 MASTERPIECE DR SUN CITY CENTER, FL 33573	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KULP, JIM 401 DEGRASSE DA-13 SUN CITY CENTER FL 33573
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.			
SIGNATURE: <i>Karen Jean L. Renzi</i> Secretary 4-10-08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			