


2/19/97 13-2137 ✓
FILE NOW: FILING FEE IS \$61.25

FILED

Feb 19 1997 8:00am
Secretary of State

NONPROFIT, CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **N95000002929 (6)**

1. Corporation Name

**KINGS POINT/TAMARAC CHAPTER #5054 OF AMERICAN AS
SOCIATION OF RETIRED PERSONS, INC.**

Principal Place of Business

Mailing Address

**9561 NO. BELFORT CIRCLE
TAMARAC FL 33321**

**9561 NO. BELFORT CIRCLE
TAMARAC FL 33321-1879**



3. Date Incorporated or Qualified
06/19/1995

3a. Date of Last Report
01/30/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number

52-1882783

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BECKMAN, NAT
9561 NO. BELFORT CIRCLE
TAMARAC FL 33321**

81 Name

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

83

84 City

FL

85 Zip Code

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 **NAT BECKMAN**

[Signature]

1/31/97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	BECKMAN, NAT	PRESIDENT
STREET ADDRESS	9561 NO. BELFORT CIRCLE	
CITY - ST - ZIP	TAMARAC FL 33321	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RADOW, JACK	2nd VICE PRESIDENT
STREET ADDRESS	9591 NO. BELFORT CIRCLE	
CITY - ST - ZIP	TAMARAC FL 33321	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GARR, HELEN	SECR.
STREET ADDRESS	9496 SO. BELFORT CIRCLE	
CITY - ST - ZIP	TAMARAC FL 33321	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KLEIMAN, LEO	TREASURER
STREET ADDRESS	7440 ASHMONTE CIRCLE	
CITY - ST - ZIP	TAMARAC FL 33321	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GASS, SAUL I	DIRECTOR
STREET ADDRESS	9579 NO. BELFORT CIRCLE	
CITY - ST - ZIP	TAMARAC FL 33321	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RAYMAN, PHILIP	DIRECTOR
STREET ADDRESS	9488 SO. BELFORT CIRCLE	
CITY - ST - ZIP	TAMARAC FL 33321	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	HALEN BECKMAN SECRETARY
3.3 STREET ADDRESS	9561 N. BELFORT CIR
3.4 CITY - ST - ZIP	TAMARAC - FLA, 33321
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0000000**

CR2E037 (9/96)