

2006-NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2006 8:00 am
Secretary of State

04-05-2006 90149 021 ****61.25

DOCUMENT # N95000002929

1. Entity Name
KINGS POINT/TAMARAC CHAPTER #5054 OF AARP, INC.



Principal Place of Business
**7440 ASHMONTE CIRCLE
C/O LEO KLEIMAN
TAMARAC, FL 33321**

Mailing Address
**7440 ASHMONTE CIRCLE
C/O LEO KLEIMAN
TAMARAC, FL 33321**

DO NOT WRITE IN THIS SPACE

4003



03282006 No Chg-NP

CR2E037 (11/05)

4. FEI Number 52-1882783	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 33324**

**DO NOT WRITE
IN THIS SPACE**

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

Leo Kleiman

Leo Kleiman

3/30/06

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, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V D
DORMAN, JOSPEH
7612 TRENT DRIVE
TAMARAC, FL 33321**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**IVPS
SINGER, BERNARD
7479 FAIRFAX DRIVE
TAMARAC, FL 33321**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S D
BIE, PHYLLIS
7637 TRENT DR.
TAMARAC, FL 33321**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DT
KLEIMAN, LEO
7440 ASHMONTE CIRCLE
TAMARAC, FL**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
SCHOLL, BURT
7632 FAIRFAX DR.
TAMARAC, FL 33321**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
BECKMAN, NAT
9561 NO. BELFORT CIRCLE
TAMARAC, FL 33321**

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IN THIS SPACE**

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:

Leo Kleiman **Leo KLEIMAN** *3/30/06 (954) 726-3766*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #