


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 26, 2007 8:00 am**  
**Secretary of State**

07-26-2007 90032 019 \*\*\*\*61.25

<b>DOCUMENT # N95000002929</b> 1. Entity Name <b>KINGS POINT/TAMARAC CHAPTER #5054 OF AARP, INC.</b>			
Principal Place of Business <b>7440 ASHMONT CIRCLE C/O LEO KLEIMAN TAMARAC FL 33321</b>		Mailing Address <b>7440 ASHMONT CIRCLE C/O LEO KLEIMAN TAMARAC FL 33321</b>	
2. Principal Place of Business - No P.O. Box # <b>7635 Southampton Ter.</b> Suite, Apt. #, etc. <b>90 Howard A. Sternberg</b> <b>1700 415C</b>		3. Mailing Address <b>7635 Southampton Ter.</b> Suite, Apt. #, etc. <b>90 Howard A. Sternberg</b> <b>1700 415C</b>	
City & State <b>TAMARAC, FLORIDA</b>		City & State <b>TAMARAC, FLORIDA</b>	
Zip <b>33321</b>	Country <b>USA</b>	Zip <b>33321</b>	Country <b>USA</b>
4. FEI Number <b>52-1882783</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		2nd MOORE CR2E037 (4/07)	
6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"><b>FL</b> 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 <u>Howard A. Sternberg, Howard A. Sternberg, Treas. 7/22/07</u> <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE			
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By September 5, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>Make Check Payable to</b> <b>Florida Department of State</b>			
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DORMAN, JOSPEH 7612 TRENT DRIVE TAMARAC FL 33321	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	IVPS SINGER, BERNARD 7479 FAIRFAX DRIVE TAMARAC FL 33321	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BIE, PHYLLIS 7637 TRENT DR. TAMARAC FL 33321	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT D KLEIMAN, LEO 7440 ASHMONT CIRCLE TAMARAC FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SCHOLL, BURT 7632 FAIRFAX DR. TAMARAC FL 33321	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BECKMAN, NAT 9561 NO. BELFORT CIRCLE TAMARAC FL 33321	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WEISER, Louis 7765 YARDLEY Drive TAMARAC FL 33321	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	HEIMANN, WERNER PD HEIMANN, WERNER 7739 SOUTHAMPTON TERRACE TAMARAC FL 33321	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2 VP FRIEDMAN, PAUL 7739 Southampton terrace TAMARAC FL 33321	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT STERNBERG, HOWARD A. 7635 Southampton Terrace TAMARAC, FL 33321	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSENZWEIG, STANLEY 9575 WELBOR CIRCLE TAMARAC, FL 33321	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE NAME STREET ADDRESS CITY-ST-ZIP

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: Howard A. Sternberg Howard A. Sternberg 7/22/07 954-7243610