

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000008387

Entity Name: KINGS POINT RECREATION CORPORATION, INC.**Current Principal Place of Business:**7000 W. ATLANTIC AVENUE
DELRAY BEACH, FL 33446**Current Mailing Address:**7000 W. ATLANTIC AVENUE
DELRAY BEACH, FL 33446**FEI Number:** 46-0919228**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SACHS, PETER S ESQ.
6111 BROKEN SOUND PARKWAY NW
SUITE 200
BOCA RATON, FL 33487 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title CHAIRPERSON, DIRECTOR
Name IOVINE, FRANK
Address 7000 W. ATLANTIC AVENUE
City-State-Zip: DELRAY BEACH FL 33446

Title VICE CHAIRPERSON, DIRECTOR
Name FEINBERG, ROCHELLE
Address 7000 W. ATLANTIC AVENUE
City-State-Zip: DELRAY BEACH FL 33446

Title TREASURER, DIRECTOR
Name MORROW, FRAN
Address 7000 W. ATLANTIC AVENUE
City-State-Zip: DELRAY BEACH FL 33446

Title DIRECTOR
Name MILLER, JOSEPH
Address 7000 W. ATLANTIC AVENUE
City-State-Zip: DELRAY BEACH FL 33446

Title DIRECTOR
Name MANZIONE, LISA
Address 7000 W. ATLANTIC AVENUE
City-State-Zip: DELRAY BEACH FL 33446

Title DIRECTOR
Name KLEIN, BRUCE
Address 7000 W. ATLANTIC AVENUE
City-State-Zip: DELRAY BEACH FL 33446

Title DIRECTOR
Name LEVINE, BARRY
Address 7000 W. ATLANTIC AVENUE
City-State-Zip: DELRAY BEACH FL 33446

Title ASST. SECRETARY, DIRECTOR
Name WATMAN, STEPHANIE
Address 7000 W. ATLANTIC AVENUE
City-State-Zip: DELRAY BEACH FL 33446

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: FRANK IOVINE

CHAIRPERSON

02/02/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR, ASST. TREASURER
Name FOX, MAUREEN
Address 7000 W. ATLANTIC AVENUE
City-State-Zip: DELRAY BEACH FL 33446

Title SECRETARY, DIRECTOR
Name LEFKOWITZ, BONNIE
Address 7000 W. ATLANTIC AVENUE
City-State-Zip: DELRAY BEACH FL 33446

Title DIRECTOR
Name SORCE, MARY ELLEN
Address 7000 W. ATLANTIC AVENUE
City-State-Zip: DELRAY BEACH FL 33446

Title DIRECTOR
Name SIMON, ARTHUR
Address 7000 W. ATLANTIC AVENUE
City-State-Zip: DELRAY BEACH FL 33446

Title DIRECTOR
Name TURSCHMANN, CINDY
Address 7000 W. ATLANTIC AVENUE
City-State-Zip: DELRAY BEACH FL 33446

Title DIRECTOR
Name D'ORTIZ, LISA
Address 7000 W. ATLANTIC AVENUE
City-State-Zip: DELRAY BEACH FL 33446

Title DIRECTOR
Name ROSENSHEIN, JOEL
Address 7000 W. ATLANTIC AVENUE
City-State-Zip: DELRAY BEACH FL 33446

Title DIRECTOR
Name BRADLEY, KENNETH
Address 7000 W. ATLANTIC AVENUE
City-State-Zip: DELRAY BEACH FL 33446

Title DIRECTOR
Name HOFFMANN, HOWARD
Address 7000 W. ATLANTIC AVENUE
City-State-Zip: DELRAY BEACH FL 33446