

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 727242 (0)

1. Corporation Name

KNOLLWOOD CLUB CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business

5865 BASIL DRIVE
WEST PALM BEACH FL 33415

Mailing Address

5865 BASIL DRIVE
WEST PALM BEACH FL 33415

3. Date Incorporated or Qualified
06/23/1973

3a. Date of Last Report
04/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-1493165

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

DAVIS, GLORIA
2096 EAST BOND DRIVE
WEST PALM BEACH FL 33415

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P
NAME BOEHM, RICHARD
STREET ADDRESS 5843 ALBERT RD.
CITY-ST-ZIP W. PALM BCH. FL ☐ DELETE

TITLE D
NAME EPICRNACION, M
STREET ADDRESS 2394 DAPHNE DR.
CITY-ST-ZIP W. PALM BCH. FL ☐ DELETE

TITLE D
NAME FERNANDEZ, ANA
STREET ADDRESS 2093 E. BOND DR.
CITY-ST-ZIP W. PALM BCH. FL ☐ DELETE

TITLE ST
NAME DAVIS, GLORIA
STREET ADDRESS 2096 E. BOND DR.
CITY-ST-ZIP W. PALM BCH. FL ☐ DELETE

TITLE D
NAME MORALES, JULIO
STREET ADDRESS 5971 BASIL DR.
CITY-ST-ZIP W. PALM BCH. FL ☐ DELETE

TITLE D
NAME ROSEMARK, BEATRICE
STREET ADDRESS 2076 E. BOND DR.
CITY-ST-ZIP W. PALM BCH. FL ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Gloria E. Davis (Gloria E. Davis)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-29-96

Date

407-967-7979

Daytime Phone #

CR2E037 (12/95)