FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 24, 1999 8:00 am
Secretary of State
02-24-1999 90108 048 ****61.25

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DOCUMENT # 727242

1. Corporation Name

KNOLLWOOD CLUB CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5865 BASIL DRIVE WEST PALM BEACH FL 33415	5865 BASIL DRIVE WEST PALM BEACH FL 33415

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 08/23/1973
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1493165 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

KIERAN-LAMB, CHRISTIE H.
2118 W BOND DR
WEST PALM BEACH FL 33415

name change
same person

10. Name and Address of New Registered Agent

Name: Christine Noël Lamb
Street Address (P.O. Box Number is Not Acceptable): 2118 W. Bond Dr.
City: West Palm Beach FL 85 Zip Code: 33415

11. Pursuant to the provisic ; the above-named corporation submits this statement for the purpose of changing its registered office or registered agen authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, 503, Florida Statutes.

SIGNATURE: Christine Noël Lamb DATE: 1/13/99
Signature, typed or prin (NOTE: Registered Agent signature required when reinstating)
to file if applicable.

12. AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	LAMB, ROBERT W		1.2 NAME		
STREET ADDRESS	2118 W BOND DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	W. PALM BCH. FL		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	MARY JAKIMS		2.2 NAME		
STREET ADDRESS	2124 E BON DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		2. 4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	RICK JAKIMS		3.2 NAME		
STREET ADDRESS	2124 E BOND DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	JACQUELINE FURTHMAN		4. 2 NAME		
STREET ADDRESS	2124 E DOND DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAM J LAMB		5.2 NAME		
STREET ADDRESS	2118 W BOND DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		5.4 CITY-ST-ZIP		
TITLE	D	☑ DELETE	6.1 TITLE		☑ Change ☐ Addition
NAME	FONTANET, GEORGINA		6.2 NAME	Morales, Julio	
STREET ADDRESS	2103 E BOND DR		6.3 STREET ADDRESS	597 Basil Drive	
CITY-ST-ZIP	W. PALM BCH. FL		6.4 CITY-ST-ZIP	West Palm Beach, FL 33415	

CR2E037 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: Christine Noël Lamb Christine Noël Lamb 1/13/99 (561) 433-4155
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #