2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2004 8:00 am
Secretary of State
04-12-2004 90266 008 ****61.25

DOCUMENT # 727242

1. Entity Name
KNOLLWOOD CLUB CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5865 BASIL DRIVE WEST PALM BEACH, FL 33415	~~1600 NORTH MILITARY TRAIL~~ ~~SUITE 102~~ ~~WEST PALM BEACH, FL 33415~~

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 102
City & State	City & State W. Palm Beach FL
Zip / Country	Zip 33409 / Country

03092004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-1493165 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~NOEL LAMB, CHRISTINE~~ ~~2118 W BOND DR~~ ~~WEST PALM BEACH, FL 33415~~	Name St John, Cole & Lemme, PA Street Address (P.O. Box Number is Not Acceptable) Centurion Tower, Suite 701 1601 Forum Place City West Palm Beach FL Zip Code 33401

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 [signature] DAVID A. CORE, SECRETARY 4-8-2004
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, 2004

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LAMB, ROBERT W 2118 W BOND DR W. PALM BCH., FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JOHN SMITH 2073 W. BOND WEST PALM BEACH, FL 33415	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARY JAKIMS 2124 E BON DR WEST PALM BEACH, FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VIVIAN SCHUPAN 2117 E. BOND WEST PALM BEACH, FL 33415	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MORALES-TORRES, JULIO 5971 BASIL DRIVE WEST PALM BEACH, FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD RICHARD BENNETT 5912 S. BOND WEST PALM BEACH, FL 33415	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JAKIMS, RICK 2124 E BOND DR WEST PALM BEACH, FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D JAMES (DUTCH) HOLLAND 2077 E. BOND WEST PALM BEACH, FL 33415	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAM J LAMB 2118 W BOND DR WEST PALM BEACH, FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BOVA, PAM 2124 E BOND DR WEST PALM BEACH, FL 33415	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD	☑ Change ☐ Addition

12. 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 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: John R Smith Jr. 4-5-4
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #