

**FILE NOW: FILING FEE AFTER MAY 1 IS \$150.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

**95 FEB 22 AM 11:14**

**DOCUMENT # 740727 (3)**  
1. Corporation Name  
**CHATEAU ON THE KNOLL HOMEOWNERS ASSOCIATION, INC.**

**DO NOT WRITE IN THIS SPACE**

Principal Place of Business Mailing Address  
**9393 SW 61 WAY BOCA RATON FL 33428-3102**      **9393 SW 61 WAY BOCA RATON FL 33428-3102**

3. Date Incorporated or Qualified **11/08/1977**      3a. Date of Last Report **02/02/1994**  
4. FEI Number **59-1963226**      Applied For  Not Applicable

2. Principal Place of Business 2a. Mailing Address  
21 Suits, Apt. #, etc. 26 Suits, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**BOONE, CECELIA  
9470 B SW 61ST WAY  
BOCA RATON FL 33428**

10. Name and Address of New Registered Agent  
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<b>PD</b>
NAME	<b>BOONE, CECELIA</b>
STREET ADDRESS	<b>9470-B SW 61ST WAY</b>
CITY-ST-ZIP	<b>BOCA RATON, FL 00000</b>
TITLE	<b>TD</b>
NAME	<b>BULMER, WILLIAM</b>
STREET ADDRESS	<b>9420-D SW 61ST WAY X off</b>
CITY-ST-ZIP	<b>BOCA RATON FL</b>
TITLE	<b>SD</b>
NAME	<b>WASSER, VIRGINIA</b>
STREET ADDRESS	<b>9410-A SW 61ST WAY</b>
CITY-ST-ZIP	<b>BOCA RATON FL</b>
TITLE	<b>D</b>
NAME	<b>TRAPANI, ROSE X off</b>
STREET ADDRESS	<b>9290-A SW 61 WAY</b>
CITY-ST-ZIP	<b>BOCA RATON FL</b>
TITLE	<b>D</b>
NAME	<b>GIORBANO, THOMAS X off</b>
STREET ADDRESS	<b>9640-B SW 61 WAY</b>
CITY-ST-ZIP	<b>BOCA RATON FL</b>
TITLE	<b>Virginia</b>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<b>SAME PD.</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<b>TD</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Stephanie L. Glazow</b>
2.3 STREET ADDRESS	<b>9255 D. SW 61st way</b>
2.4 CITY-ST-ZIP	<b>BOCA RATON, FL.</b>
3.1 TITLE	<b>SD</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Foster Y. Lahn</b>
3.3 STREET ADDRESS	<b>9330 D SW 61st way</b>
3.4 CITY-ST-ZIP	<b>BOCA RATON, FL.</b>
4.1 TITLE	<b>Geo Director</b> <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>George J. Fabozzi</b>
4.3 STREET ADDRESS	<b>9340 D SW 61 way</b>
4.4 CITY-ST-ZIP	<b>BOCA RATON, FL.</b>
5.1 TITLE	<b>Director</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Kenneth Kessner</b>
5.3 STREET ADDRESS	<b>9310 D SW 61 way</b>
5.4 CITY-ST-ZIP	<b>BOCA RATON, FL.</b>
6.1 TITLE	<b>TD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Virginia Wasser</b>
6.3 STREET ADDRESS	<b>9410 A SW 61 way</b>
6.4 CITY-ST-ZIP	<b>BOCA RATON, FL.</b>

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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Cecelia Boone, Pres. Date: Feb 7, 1995  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-736-7282