


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90402 019 \*\*\*\*61.25

<b>DOCUMENT # 740727</b>					
1. Entity Name CHATEAU ON THE KNOLL HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 9393 SW 61 WAY BOCA RATON, FL 33428-3102		Mailing Address 9393 SW 61 WAY BOCA RATON, FL 33428-3102			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1963226</b>	
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
TRIDENT PROPERTIES MANAGEMENT 1000 HOLLAND DRIVE # 12 BOCA RATON, FL 33487				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LOMUTO, PETER		NAME	Jerry Brancheau	
STREET ADDRESS	8330-A SW 61ST WAY		STREET ADDRESS	9400-C S.W. 61ST Way	
CITY-ST-ZIP	BOCA RATON, FL 33428		CITY-ST-ZIP	Boca Raton, FL. 33428	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILLIAMS, TYRONE		NAME		
STREET ADDRESS	9270 SW 61ST WAY		STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON, FL 33428		CITY-ST-ZIP		
TITLE	VPD	<input type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHIONG, GOMFRY		NAME	Chiong, Jomfrey	
STREET ADDRESS	9270-C SW 61ST WAY		STREET ADDRESS	9270-C SW 61st Way	
CITY-ST-ZIP	BOCA RATON, FL 33428		CITY-ST-ZIP	BOCA RATON, FL 33428	
TITLE	TD	<input type="checkbox"/> Delete	TITLE	S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHIONG, PEGGY		NAME	Macias, Peggy	
STREET ADDRESS	9270-C SW 61ST WAY		STREET ADDRESS	9270-C SW 61st Way	
CITY-ST-ZIP	BOCA RATON, FL 33428		CITY-ST-ZIP	Boca Raton, FL. 33428	
TITLE	D	<input type="checkbox"/> Delete	TITLE	V.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SORIA, LOUIS		NAME	Soria, Louis	
STREET ADDRESS	9300-B SW 61ST WAY		STREET ADDRESS	9300-B SW 61st Way	
CITY-ST-ZIP	BOCA RATON, FL 33428		CITY-ST-ZIP	BOCA RATON, FL. 33428	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 any other like empowered.					
SIGNATURE: <i>Jerry Brancheau</i>		Date: <i>4-20-06</i>		Daytime Phone #: <i>954-675-4221</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

40075800



03152006 Chg-NP CR2E037 (11/05)

4. FEI Number  
59-1963226 Applied For  
Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City FL Zip Code

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

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**Make check payable to Florida Department of State**

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SIGNATURE: *Jerry Brancheau* Date: *4-20-06* Daytime Phone #: *954-675-4221*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #