

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 03, 2008 8:00 am
Secretary of State

03-03-2008 90194 005 ****61.25



DOCUMENT # 740727

1. Entity Name
CHATEAU ON THE KNOLL HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business: 9393 SW 61 WAY BOCA RATON FL 33428
Mailing Address: 9393 SW 61 WAY BOCA RATON FL 33428

2. Principal Place of Business - No P.O. Box #
Suite, Apt. #, etc. **DEVELOPER**
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

4. FEI Number **59-1963226** Applied For: No: Applicable

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



1st MOORE CR2E037 (10/07)

6. Name and Address of Current Registered Agent
**SHIR, GUY M
1800 NW CORPORATE BOULEVARD
SUITE 102
BOCA RATON FL 33431**

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 entered when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

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 CHRISTOPHER, LARRY 9265 SW 61 WAY #C BOCA RATON FL 33428 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHRISTOPHER, LARRY KAUSMEYER, GARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 9365 SW 61 WAY #D BOCA RATON, FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP KESSNER, BARBARA 9310 SW 61 WAY #D BOCA RATON FL 33428 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SCHWEBER, MARTY 9290 SW 61 WAY #B BOCA RATON FL 33428 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CHRISTOPHER, LARRY <input type="checkbox"/> Change <input type="checkbox"/> Addition 9265 SW 61 WAY #C BOCA RATON FL 33428
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GANDJEI, KHOSROW 9330 SW 61 WAY D BOCA RATON FL 33428 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GLORIA, RODRIGO <input checked="" type="checkbox"/> Delete 9300 SW 61 WAY C BOCA RATON FL 33428	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VACANT <input type="checkbox"/> Change <input type="checkbox"/> Addition RECEIVED JAN 22 2008
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 all other like empowered.

SIGNATURE: **SAMUEL BIDER** *Samuel Bider* **LCAM** 2/20/08 561-4824420