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Jan 24 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **N13140** (1)

1. Corporation Name

KNIGHT OAK HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

% LEILA D BRAY
3175 HILLIARD COURT
MELBOURNE FL 32934

% LEILA D BRAY
3175 HILLIARD COURT
MELBOURNE FL 32934-8316

3. Date Incorporated or Qualified
01/24/1986

3a. Date of Last Report
02/01/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

59-2991393

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRUTZ, MICHAEL J.
2112 WEST NEW HAVEN AVE
WEST MELBOURNE FL 32901**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **PD
DODD, STANLEY**
STREET ADDRESS **3795 WEEPING WILLOW**
CITY - ST - ZIP **MELBOURNE FL**

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **TD
BRAY, LEILA**
STREET ADDRESS **3175 HILLIARD CT**
CITY - ST - ZIP **MELBOURNE FL**

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **VPD
NEITZKE, FREDERICK**
STREET ADDRESS **3165 HILLIARD COURT**
CITY - ST - ZIP **MELBOURNE FL**

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME **SD
EVANS, LINDA**
STREET ADDRESS **3175 KNIGHT OAK**
CITY - ST - ZIP **MELBOURNE FL**

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **0019451**

1-10-97

CR2E037 (9/96)