


FILE NOW: FILING FEE IS \$61.25

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Feb 19, 1999 8:00 am
Secretary of State

02-19-1999 90090 017 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N13140					
1. Corporation Name KNIGHT OAK HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business C/O MOSHER, GARY S 3160 HILLARD CT MELBOURNE FL 32934 US			Mailing Address C/O MOSHER, GARY S 3160 HILLARD CT MELBOURNE FL 32934 US		

77593-90090-17



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/24/1986	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 59-2991393	
22		27		Applied For <input type="checkbox"/> Not Applicable	
23		28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24	Country	29	Country	30	
9. Name and Address of Current Registered Agent BRUTZ, MICHAEL J. 2112 WEST NEW HAVEN AVE WEST MELBOURNE FL 32901				10. Name and Address of New Registered Agent	
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)	
83				84 City	
				85 Zip Code FL	
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	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEITZKE, LORI	1.2 NAME	
STREET ADDRESS	315 HILLARD CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32934	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FARDELMANN, PAUL	2.2 NAME	
STREET ADDRESS	3325 TURTLEMOUND RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32934	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOSHER, GARY	3.2 NAME	
STREET ADDRESS	3160 HILLARD CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32934	3.4 CITY-ST-ZIP	
TITLE	SD	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMPSON, TAMMY	4.2 NAME	
STREET ADDRESS	3155 HILLARD CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32934	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:

Katherine Harris
SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/30/99

Date

(407) 254-3262

Daytime Phone #

CR2E037 (11/98)