


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 08, 2008 8:00 am
Secretary of State

02-08-2008 90028 027 ****61.25

DOCUMENT # N13140 1. Entity Name KNIGHT OAK HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 3180 HILLIARD COURT MELBOURNE, FL 32934 US			Mailing Address 3180 HILLIARD COURT MELBOURNE, FL 32934 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2991393	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent BRUTZ, MICHAEL J. 2112 WEST NEW HAVEN AVE WEST MELBOURNE, FL 32901				7. Name and Address of New Registered Agent Name <u>ECHOLS, GRAY T.</u> Street Address (P.O. Box Number is Not Acceptable) <u>3180 Hilliard Court</u> City <u>MELBOURNE</u> <u>FL</u> Zip Code <u>32934</u>	
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 <u>[Signature]</u> (NOTE: Registered Agent signature required when reinstating) DATE <u>G FEB 2008</u>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	VD SORENSEN, SUE 3180 KNIGHT OAK CT MELBOURNE, FL 32934	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DEVOE, ROBERT 3185 HILLIARD COURT MELBOURNE, FL 32934	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ECHOLS, GRAY T 3180 HILLIARD COURT MELBOURNE, FL 32934	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DEVOE, ELLEN 3185 HILLIARD CT MELBOURNE, FL 32934	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MOSHER, KAREN 3160 HILLIARD COURT MELBOURNE, FL 32934	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
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 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 all other like empowered.					
SIGNATURE: <u>[Signature]</u> <u>GRAY T. ECHOLS</u> <u>6 FEB 2008</u> <u>321-259-9521</u>					