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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # N9800000315

1. Corporation Name

KNOLL RIDGE HOMEOWNERS' ASSOCIATION, INC.

Principal Place of Business

ONE EAST BROWARD BLVD  
STE 1501  
FORT LAUDERDALE FL 33301

Mailing Address

ONE EAST BROWARD BLVD  
STE 1501  
FORT LAUDERDALE FL 33301



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 01/20/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0895684 Applied F Not Applic
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Addition Fee Required
Zip 24	Country 25	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May B Trust Fund Contribution Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SCOTT, PATRICK S ONE EAST BROWARD BLVD STE 1501 FORT LAUDERDALE FL 33301	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BENDER, CHARLENE 2140 NE 54TH COURT FORT LAUDERDALE FL 33308 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> A 600002810866-4 03/18/99-01084-001 ****\$61.25 ****\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD GREEN, JAYNE 2260 NE 53TH STREET FORT LAUDERDALE FL 33308 <input checked="" type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	VD Mark Burnam 2100 N.E. 53rd St, Fort Lauderdale, FL 33308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> A
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WEST, MIKE 5411 NE 19 ST AVE FORT LAUDERDALE FL 33308 <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	SD Irma Lopez 2140 N.E. 55th Street, Ft Lauderdale, FL 33308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> A
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BURNHAM, MARK 2100 NE 53RD STREET FORT LAUDERDALE FL 33308 <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	TD Fred McMurtrey 5241 N.E. 19th Ave, Fort Laud., FL. 33308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> A
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	VD Mike West 5411 NE 19th Ave., Fort Lauderdale, FL 33308 <input type="checkbox"/> Change <input checked="" type="checkbox"/> A
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> A

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 or changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: \_\_\_\_\_ Charlene A. Bender 02/03/99 (954) 765-73  
President