2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # N9800000315 Aug 17, 2000 8:00 am Secretary of State 1. Entity Name KNOLL RIDGE HOMEOWNERS' ASSOCIATION, INC. 08-17-2000 90104 008 ****61.25 Principal Place of Business Mailing Address ONE EAST BROWARD BLVD ONE EAST BROWARD BLVD STF 1501 STE 1501 FORT LAUDERDALE FL 33301 FORT LAUDERDALE FL 33301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0895684 Not Applicable Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SCOTT, PATRICK S. Street Address (P.O. Box Number is Not Acceptable) SCOTT, PATRICK S 111 S.E. 12th St. ONE EAST BROWARD BLVD STE 1501 Suite B FORT LAUDERDALE FL 33301 Fort Lauderdale, 8. Thy above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Make Check Payable to **FILE NOW: FEE IS \$61.25** \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State After September 13, 2000 min. will be \$236.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change □ Delete TITLE PD TITLE BENDER, CHARLENE NAME NAME Burnam, :Mark STREET ADDRESS 2140 NE 54TH COURT STREET ADDRESS 2100 NE 53rd Street Fort Lauderdale, FI. 33308 CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 33308 ☐ Addition ☐ Delete √ Change TITLE Wolverton, Pat BURNAM, MARK NAME NAME 2041 N.E. 55th Ct. STREET ADDRESS STREET ADDRESS 2100 N.E. 53RD ST. CITY-ST-ZIP Fort Lauderdale, Fl. 33308 CITY-ST-ZIP FORT LAUDERDALE FL 33308 Change Change ☐ Delete TITLE LOPEZ, IRMA Lopez, Irma NAME STREET ADDRESS STREET ADDRESS 2140 N.E. 55th Street 2140 N.E. 55TH STREET CITY-ST-ZIP CITY-ST-ZIF FORT LAUDERDALE FL 33308 Fort Lauderdale, F1. 33308 Change ☐ Addition TD □ Detete TITLE TD TITLE MCMURTREY, FRED NAME NAME McMurtrey, Fred STREET ADDRESS STREET ADDRESS 5241 N.E 19TH AVENUE 5241 N.E. 19th Avenue CITY-ST-ZIP CITY-ST-ZIE FORT LAUDERDALE FL 33308 Fort Lauderdale, Fl. 33308 Change ☐ Addition ٧D Delete TITLE TITLE NAMÉ WEST. MIKE NAME Bender, Charlene STREET ADDRESS STREET ADDRESS 5411 N.E. 19TH AVENUE 2140 N.E. 54th Court Fort Lauderdale, FI. 33308 CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL 3 Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

12. 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-10-200 954-165-1304