

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2001 8:00 am
Secretary of State

0045064

DOCUMENT # N98000000315
 1. Entity Name
KNOLL RIDGE HOMEOWNERS' ASSOCIATION, INC.

05-15-2001 90195 004 ****61.25

Principal Place of Business Mailing Address
ONE EAST BROWARD BLVD **ONE EAST BROWARD BLVD**
STE 1501 **STE 1501**
FORT LAUDERDALE FL 33301 **FORT LAUDERDALE FL 33301**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3. Mailing Address
111 SE 12th Street *111 SE 12th Street*
 Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State
Fort Lauderdale FL *Fort Lauderdale FL*
 Zip Country Zip Country
33301 *Broward* *33308* *Broward*

4. FEI Number Applied For
65-0895684 Not Applicable
 5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
SCOTT, PATRICK S
ONE EAST BROWARD BLVD
STE 1501
FORT LAUDERDALE FL 33301

7. Name and Address of New Registered Agent
 Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

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.
 SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	BENDER, CHARLENE	
STREET ADDRESS	2140 NE 54TH COURT	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BURNAM, MARK	
STREET ADDRESS	2100 N.E. 53RD ST.	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LOPEZ, IRMA	
STREET ADDRESS	2140 N.E. 55TH STREET	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	MCMURTREY, FRED	
STREET ADDRESS	5241 N.E. 19TH AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	WEST, MIKE	
STREET ADDRESS	5411 N.E. 19TH AVENUE	
CITY-ST-ZIP	FORT LAUDERDALE FL 3	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Burnam, Mark	
STREET ADDRESS	2100 NE 53rd Street	
CITY-ST-ZIP	Fort laud 33308	
TITLE	VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mark Austin Michael	
STREET ADDRESS	2021 NE 55 Street	
CITY-ST-ZIP	Fort laud FL 33308	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Johnson, Deborah	
STREET ADDRESS	5250 NE 19 Avenue	
CITY-ST-ZIP	Fort laud FL 33308	
TITLE	VP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McKenzie, B.J.	
STREET ADDRESS	2200 NE 52 Court	
CITY-ST-ZIP	Fort lauderdale FL 33308	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E037 (10/00)

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: *Mark T Burnam* **Mark T Burnam** 4/20/01 800-327-8218x325