

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 19, 2002 8:00 am**  
**Secretary of State**

02-19-2002 90127 032 \*\*\*\*61.25

**DOCUMENT # N98000000315**

1. Entity Name  
**KNOLL RIDGE HOMEOWNERS' ASSOCIATION, INC.**

Principal Place of Business 111 SE 12TH STREET FORT LAUDERDALE FL 33301	Mailing Address 111 SE 12TH STREET FORT LAUDERDALE FL 33301
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>65-0895684</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**SCOTT, PATRICK S**  
**ONE EAST BROWARD BLVD**  
**STE 1501**  
**FORT LAUDERDALE FL 33301**

111 SE 12th Street  
 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 \_\_\_\_\_ DATE \_\_\_\_\_  
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**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	NAME BURNAM, MARK	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 2100 NE 53RD STREET	CITY-ST-ZIP FORT LAUDERDALE FL 33308	
TITLE VP	NAME DUSKIM, MICHAEL	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 2021 NE 55TH STREET	CITY-ST-ZIP FORT LAUDERDALE FL 33308	
TITLE SD	NAME LOPEZ, IRMA	<input type="checkbox"/> Delete
STREET ADDRESS 2140 N.E. 55TH STREET	CITY-ST-ZIP FORT LAUDERDALE FL 33308	
TITLE TD	NAME JOHNSON, DEBORAH	<input checked="" type="checkbox"/> Delete
STREET ADDRESS 5250 NE 19TH AVENUE	CITY-ST-ZIP FORT LAUDERDALE FL 33308	
TITLE VP	NAME MCKENZIE, B J	<input type="checkbox"/> Delete
STREET ADDRESS 2210 NE 52ND COURT	CITY-ST-ZIP FORT LAUDERDALE FL 33308	
TITLE NAME	STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE PD	NAME Lopez, Irma	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2140 N.E. 55th Ct.	CITY-ST-ZIP Fort Lauderdale, Fl. 33308	
TITLE VP	NAME McKenzie, B. J.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 2210 N.E. 52nd Court	CITY-ST-ZIP Fort Lauderdale, Fl. 33308	
TITLE SD	NAME Wolverton, -Patricia-	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 2041 NE 55th Ct	CITY-ST-ZIP Fort Lauderdale, Fl. 33308	
TITLE TD	NAME Richter, Linda	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 2120 N.E. 55th Ct.	CITY-ST-ZIP Fort Lauderdale, Fl. 33308	
TITLE VP	NAME Bender, Charlene	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 2140 N.E. 54th Ct.	CITY-ST-ZIP Fort Lauderdale, Fl. 33308	
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 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 IRMA LOPEZ 2-3-02 954-491-2815

CR2E037 (9/01)