


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90975 004 ****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**

2. Principal Place of Business
MARGUERITE Bruch

3. Mailing Address
SAME

Suite, Apt. #, etc.
5291 NE 18 Terrace

Suite, Apt. #, etc.
SAME

City & State
FT Lauderdale FL

City & State
FT Lauderdale FL

Zip
33308

Country
USA

Zip
33308

Country
USA



04272005 Chg-NP CR2E037 (10/03)

4. FEI Number
65-0895684

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**SCOTT, PATRICK S
 111 SE 12TH STREET
 FORT LAUDERDALE, FL 33301**

7. Name and Address of New Registered Agent

Name
Don Lampasone

Street Address (P.O. Box Number is Not Acceptable)
5240 NE 18th Terrace

City
FT Lauderdale FL

Zip Code
33308

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  **Don Lampasone, Reg Agent 4-27-05**

Signature, typed or printed name of registered agent and title (Not Applicable) (NOTE: Registered Agent's signature required when re-stating) DATE

Filing Fee is \$61.25 Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD RICHTER, LINDA 2120 N.E. 55TH CT FORT LAUDERDALE, FL 33308	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WOLVERTON, PATRICIA 2041 NE 55TH CT FORT LAUDERDALE, FL 33308	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAMPASONE, DON 5240 NE 18TH TERRACE FORT LAUDERDALE, FL 33308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JORDAN, JAMES 2030 NE 54TH STREET FORT LAUDERDALE, FL 33308	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MCKENZIE, B J 2210 NE 52ND COURT FORT LAUDERDALE, FL 33308	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MARGUERITE Bruch 5291 NE 18 TERRACE FT Lauderdale FL 33308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SUZANNE HIGGINS 2020 NE 55 STREET FT Lauderdale, FL 33308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Bill Clarke 2081 NE 54 Street FT Lauderdale, FL 33308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DON + MELISSA Williamson 2160 NE 54 STREET FT Lauderdale, FL 33308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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:  **as President 04/27/05**

SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR Date Daytime Phone #