


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 8:00 am
Secretary of State

04-07-2006 90039 031 ****61.25

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



Principal Place of Business
MARGUERITE BRUCH
5291 NE 18 TERRACE
FORT LAUDERDALE, FL 33308

Mailing Address
111 SE 12TH STREET
FORT LAUDERDALE, FL 33301

J0010070



2. Principal Place of Business

Mailing Address
Suzanne Higgins

Suite, Apt. #, etc.
2020 NE 55 CT

City & State
FT Lauderdale FL

Zip Country
33308

03112006 Chg-NP CR2E037 (11/05)

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

LAPMASONE DON
5240 NE 18TH TERRACE
FORT LAUDERDALE, FL 33308

Suzanne Higgins
2020 NE 55 CT
FT Laud 33308

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Suzanne Higgins* *Suzanne Higgins* 3-31-06
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when designating) DATE

Filing Fee is \$61.25
Due by May 1, 2006

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD BRUCH, MARGUERITE 5291 NE 18 TERRACE FORT LAUDERDALE, FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Suzanne Higgins 2020 NE 55 CT FT Lauderdale, FL 33308 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SB PRESIDENT HIGGINS, SUZANNE 2020 NE 55 STREET FORT LAUDERDALE, FL 33308 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Don 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	PD LAMPASONE, DON 5240 NE 18TH TERRACE FORT LAUDERDALE, FL 33308 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Marguerite Bruch 5291 NE 18 Terr FT Lauderdale, FL 33308 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CLARKE, BILL 2081 NE 54 STREET FORT LAUDERDALE, FL 33308 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILLIAMSON, MELLISA 2160 NE 54 STREET FORT LAUDERDALE, FL 33308 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WILLIAMSON, DON 2160 NE 54 STREET FORT LAUDERDALE, FL 33308 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *Suzanne Higgins* 3-31-06
SIGNATURE AND TYPED OR PRINTED NAME OF BRANCHING OFFICER OR DIRECTOR Date Daytime Phone #