

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # 705869

1. Entity Name
KNIGHTS OF THE ROUND TABLE, INC.



Principal Place of Business

**5727 N FEDERAL HWY
SUITE 292
FORT LAUDERDALE, FL 33308 US**

Mailing Address

**2450 NE 51ST STREET
APT 11
FORT LAUDERDALE, FL 33308 US**



03222006 No Chg-NP

CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

59-1059249

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BONUSO, FRANK N
2450 NE 51ST STREET
11
FORT LAUDERDALE, FL 33308**

**DO NOT WRITE
IN THIS SPACE**

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

Frank N. Bonuso **FRANK N. BONUSO**

3/24/06

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
CALIENDO, SAM ESQ.
1430 S. FEDERAL HIGHWAY, STE. 302
DEERFIELD BEACH, FL 33441**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PD
ROWLAND, ED
2920 PORT ROYALE LANE
FORT LAUDERDALE, FL 33308**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**T
BONUSO, FRANK N
2450 NE 51ST ST, # 11
FORT LAUDERDALE, FL 33308**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**VD
ISALY, ROBERT
1523 E. HILLSBORO BLVD, #931
DEERFIELD BEACH, FL 33441**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

UN0000482104
04/11/06-B0052-001 61.25

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IN THIS SPACE**

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:

Frank N. Bonuso **FRANK N. BONUSO**

3/24/06 (954) 651-7277

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #