FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR -5 PM 2:49

DOCUMENT # 725897 (3)

1. Corporation Name

KNIGHT'S VILLAGE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1970 NE 32ND COURT LIGHTHOUSE POINT FL 33064	1970 NE 32ND COURT LIGHTHOUSE POINT FL 33064

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/23/1973
3a. Date of Last Report: 04/22/1994
4. FEI Number: 59-1511449 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

TURK AHMIE EMILY
1981 NE 32ND ST
LIGHTHOUSE PT, FL
33064

10. Name and Address of New Registered Agent

81 Name: Ronald Hajdich
82 Street Address (P.O. Box Number is Not Acceptable): 1990 NE 33rd Street
83
84 City: Lighthouse Point FL 85 Zip Code: 33064

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Ronald Hajdich RONALD HAJDICH 23 MARCH 1995
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	TURK, EMILY	1.2 NAME	Ronald Hajdich	
STREET ADDRESS	1981 NE 32ND ST	1.3 STREET ADDRESS	1990 NE 33rd Street	
CITY-ST-ZIP	LIGHTHOUSE PT, FL 00000	1.4 CITY-ST-ZIP	Lighthouse Point, FL 33064	
TITLE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	PRETZLOFF, ADOLPH	2.2 NAME		
STREET ADDRESS	1980 NE 32ND CT.	2.3 STREET ADDRESS		
CITY-ST-ZIP	LIGHTHOUSE POINT FL	2.4 CITY-ST-ZIP		
TITLE	STD	3.1 TITLE	STD	☒ Change ☐ Addition
NAME	MCNAMARA, GLORIA	3.2 NAME	Barbara Strand	
STREET ADDRESS	1970 NE 32ND CT	3.3 STREET ADDRESS	2005 NE 32nd Ct	
CITY-ST-ZIP	LIGHTHOUSE POINT FL	3.4 CITY-ST-ZIP	Lighthouse Point FL 33064	
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	BONGIOVI, DOTTIE	4.2 NAME		
STREET ADDRESS	1975 NE 37ND COURT	4.3 STREET ADDRESS		
CITY-ST-ZIP	LIGHTHOUSE PT FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	DECK, MISH	5.2 NAME		
STREET ADDRESS	1991 N.E. 32ND COURT	5.3 STREET ADDRESS		
CITY-ST-ZIP	LIGHTHOUSE POINT FL	5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE	D	☒ Change ☐ Addition
NAME		6.2 NAME	Emily Turk	
STREET ADDRESS		6.3 STREET ADDRESS	1981 NE 32nd St	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Lighthouse Point, FL 33064	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ronald Hajdich RONALD HAJDICH 23 MARCH 1995 (305) 783-1699
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #