FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996	
DOCUMENT 1. Corporation Name	#

(3)

KNIGHTIC	MILLAGE	CONDOMINIUM	ACCOCIATION	IMO
MIGHT 9	VILLAGE	CONDOMINIUM	ASSUCIATION.	ING

Principal Place of Business Mailing Address					181 81811 81811 81811 81811 81811 81811 1881			
1978 NE 32NO LIGHTHOUSE I	COURT Point FL 33064	1978 NE 32 LIGHTHOUS	IND COURT SE POINT FL 33064	ļ				
						 Date Incorporated or Qualified 03/23/1973 	3a. Date of Last Report 04/05/1995	
2. Principal Plac	ce of Business	2a. Mailing A	ddress			4. FEI Number	Applied For	
21	-4-	26				59-1511449	Not Applicable	
Suite, Apt. #, 22	etc.	Suite, Apt	t. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		28 City & Sta	ate			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zıp		Country		8. This corporation has liability for intangible tax under s. 199.032,		
24	25 9. Name and Address of C	29 Current Registered Age	30	· · · · · ·			Yes 📈 No	
	9, Haine and Address of C	urrent negistered Age	rit	81	Name	10. Name and Address of New Re	jistered Agent	
HY IMUH	DONALD							
HAJDICH, RONALD 1990 NE 33RD STREET		82	Street /	t Address (P.O. Box Number is Not Acceptable)				
	USE PT, FL			83				
33064				84	City		FL 85 Zip Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.								
SIGNATURE	gnature, typed or printed name of registers	ed agent and title if applicable.	(NOTE: Regist	tered Agent	signature re	equired when reinstating)	DATE	
12.	····	RS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	PD		DELETE 1	.1 TITLE			Change Addition	
NAME	HAJDICH, RONALD		1	.2 NAME				
STREET ADDRESS	1990 NE 33RD STREET		1	.3 STREET A	ADDRESS			
CITY-ST-ZIP	LIGHTHOUSE PT, FL 00			4 CITY - ST	- ZIP			
TITLE	VD			1 TITLE			Change Addition	
NAME	PRETZLOFF, ADOLPH			2 NAME				
STREET ADDRESS	1980 NE 32ND CT.			3 STREET	1			
CITY-ST-ZIP TITLE	LIGHTHOUSE POINT FL STD	<u> </u>	25. 575	4 CHTY-S	T - ZIP	CAD	Change Addition	
NAME	STRAND, BARBARA			2 NAME		STD		
STREET ADDRESS	2005 NE 32NC CT			3 STREET	ADDRESS	MacVaugh, Francis M. 1985 NE 32nd CT		
CITY-ST-ZIP	LIGHTHOUSE POINT FL		•	4. CITY - S	1	Lighthouse Point, FL		
TITLE	D			1 TITLE		Lighthouse ruint, Fi	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 CITY-ST	- ZIP			
TITLE	D		DELETE 5	1 TITLE			Change Addition	
NAME	DECK, MISH			2 NAME				
STREET ADDRESS	1991 N.E. 32ND COURT			3 STREET	i			
CITY-ST-ZiP	LIGHTHOUSE POINT FL	F~1		4 CITY-ST	- ZIP			
TITLE	D THE FARY	السا		1 TITLE		D	Change Addition	
NAME STREET ADDRESS	TURK, EMILY			2 NAME	IDDDESS.	TSALIKIS, ENNIKA		
STREET ADDRESS	1981 NE 32ND ST			3 STREET		1996 NE 32nd CT		
14. I do hereby	LIGHTHOUSE POINT FL certify that the information sup	plied with this filing is vol	6 untarily furnished a	.4 City-St nd does	-ZIP not qua	in jordie exemption stated in Section (19.0)	(G)(k), Florida Statutes, Lifurther	

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: Standard Hospital RONALD HAJDICH 4-/2-96 (954) 783-1699