

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (ARY)

**FILED**  
**May 19, 2005 8:00 am**  
**Secretary of State**

03-10-2005 90137 026 \*\*\*\*61.25

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1st MOORE CR2E037 (10/04)

<b>DOCUMENT # 727242</b> 1. Entity Name <b>KNOLLWOOD CLUB CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>5865 BASIL DRIVE WEST PALM BEACH FL 33415</b>			Mailing Address <b>1650 N MILITARY TRL. STE. 102 WEST PALM BEACH FL 33409</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-1493165</b> <div style="float: right;"> <input type="checkbox"/> Applied For  <input type="checkbox"/> Not Applicable         </div>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>ST. JOHN CORE &amp; LEMME, P.A.A CENTURION TOWER STE. 01 WEST PALM BEACH FL 33401</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code         </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE</small>					
<b>FILE NOW: FEE IS \$61.25 Due By: May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		<b>Make Check Payable to Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SMITH, JOHN		NAME		
STREET ADDRESS	2073 W BOND		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33415		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SCHURAN, VIVIAN		NAME		
STREET ADDRESS	2117 E BOND		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33415		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BENNETT, RICHARD		NAME		
STREET ADDRESS	5912 S BOND		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33415		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HOLLAND, JAMES		NAME		
STREET ADDRESS	2077 E BOND		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33415		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILLIAM J LAMB		NAME		
STREET ADDRESS	2118 W BOND DR		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BOVA, PAM		NAME		
STREET ADDRESS	2124 E BOND DR		STREET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33415		CITY-ST-ZIP		
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.					
<b>SIGNATURE:</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					