

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 13, 2008 8:00 am**  
**Secretary of State**

05-13-2008 90018 040 \*\*\*\*61.25

**DOCUMENT # 727242**

1. Entity Name

**KNOLLWOOD CLUB CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

**5865 BASIL DRIVE  
WEST PALM BEACH FL 33415**

Mailing Address

**1650 N MILITARY TRL.  
STE. 102  
WEST PALM BEACH FL 33409**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

**4010 South 57th Ave.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**204**

City & State

City & State

**Greenacres**

Zip

Country

Zip

Country

**FL**

**33403**

1st MOORE

CR2E037 (10/07)

4. FEI Number

**59-1493165**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ST. JOHN CORE & LEMME, P.A.A.  
CENTURION TOWER  
STE. 01  
WEST PALM BEACH FL 33401**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$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 ☒ Delete  
NAME **D**  
STREET ADDRESS **COELLAR, ZINBIE**  
CITY-ST-ZIP **2073 W BOND  
WEST PALM BEACH FL 33415**

TITLE ☐ Change ☒ Addition  
NAME **KAREN STEVENS**  
STREET ADDRESS **5816 S. Bond Dr.**  
CITY-ST-ZIP **WPB FL 33415**  
**Treasurer**

TITLE ☒ Delete  
NAME **P**  
STREET ADDRESS **BENNE, RICHARD**  
CITY-ST-ZIP **5912 S BOND  
WEST PALM BEACH FL 33415**

TITLE ☐ Change ☒ Addition  
NAME **secretary**  
STREET ADDRESS **Julie Pritchard**  
CITY-ST-ZIP **5827 Albert Rd.  
WPB FL 33415**

TITLE ☐ Delete  
NAME **T**  
STREET ADDRESS **HOLLAND, JAMES**  
CITY-ST-ZIP **2077 E BOND  
WEST PALM BEACH FL 33415**

TITLE ☒ Change ☐ Addition  
NAME **President**  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☒ Delete  
NAME **SD**  
STREET ADDRESS **BOVA, PAM**  
CITY-ST-ZIP **2124 E BOND DR  
WEST PALM BEACH FL 33415**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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 Section 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:

*Karen Stevens*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR