

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2006 8:00 am**  
**Secretary of State**

02-27-2006 90102 002 \*\*\*\*61.25

**DOCUMENT # 09423**

1. Entity Name

KNOWLES MANOR NORTH ASSOCIATION, INC.



Principal Place of Business

644 NORTH KNOWLES AVE.  
WINTER PARK FL 32789

Mailing Address

14225 OAK VALLEY DRIVE  
ORLANDO FL 32826

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

59-1584154

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

BREEN, L.A.  
4485 GULF OF MEXICO DRIVE #501  
LONGBOAT KEY FL 34228

7. Name and Address of New Registered Agent

Name  
BREEN, L.A.

Street Address (P.O. Box Number is Not Acceptable)  
249 E CANTON AVE.

City  
WINTER PARK

FL

Zip Code  
32789

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

*L.A. Breen, Jr. President*

2/17/06

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By: May 1, 2006**

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

TITLE AS ☐ Delete  
NAME FAYE, ECKERMAN  
STREET ADDRESS 535 N INTERLACHEN AVE. #207  
CITY-ST-ZIP WINTER PARK FL 32789

TITLE DVVP ☐ Delete  
NAME SCHMITT, BARBARA  
STREET ADDRESS 644 N KNOWLES AVE APT 9  
CITY-ST-ZIP WINTER PARK FL 32789

TITLE TD ☐ Delete  
NAME BREEN, L.A.  
STREET ADDRESS 4485 GULF OF MEXICO DRIVE #501  
CITY-ST-ZIP LONGBOAT KEY FL 34228

TITLE S ☒ Delete  
NAME KREIDLER, PAT  
STREET ADDRESS 644 NORTH KNOWLES AVE. #5  
CITY-ST-ZIP WINTER PARK FL 32789

TITLE DPP ☒ Delete  
NAME MYERS, STEVE  
STREET ADDRESS 644 N KNOWLES AVE APT 1  
CITY-ST-ZIP WINTER PARK FL 32789

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE SID ☒ Change ☐ Addition  
NAME FAY T ECKERMAN  
STREET ADDRESS 644 N KNOWLES AVE No. 6  
CITY-ST-ZIP WINTER PARK, FL 32789

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

TITLE P/D ☒ Change ☐ Addition  
NAME L.A. BREEN  
STREET ADDRESS 249 E. CANTON AVE  
CITY-ST-ZIP WINTER PARK, FL 32789

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

TITLE T/D ☐ Change ☒ Addition  
NAME JOSH TAUBE  
STREET ADDRESS 644 N KNOWLES AVE No 1  
CITY-ST-ZIP WINTER PARK, FL 32789

TITLE A/S/T ☐ Change ☒ Addition  
NAME PEGGY TODD  
STREET ADDRESS 688 BRECHIN DRIVE  
CITY-ST-ZIP WINTER PARK, FL 32792

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:

*L.A. Breen, Jr. President*  
**L.A. BREEN JR. PRESIDENT**

2/17/06 407-6479230