

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 729423

FILED
Jun 15, 2009
Secretary of State

Entity Name: KNOWLES MANOR NORTH ASSOCIATION, INC.

Current Principal Place of Business:

644 NORTH KNOWLES AVE.
WINTER PARK, FL 32789

New Principal Place of Business:

Current Mailing Address:

BARBARA BREEN
249 E. CANTON AVE
WINTER PARK, FL 32789

New Mailing Address:

FEI Number: 59-1584154 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

BREEN, L.A.
249 E CANTON AVE
WINTER PARK, FL 32789 US

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: TD () Delete
Name: FAYE, ECKERMAN
Address: 644 KNOWLES AVE NO. 6
City-St-Zip: WINTER PARK, FL 32789

Title: DVVP () Delete
Name: SCHMITT, BARBARA
Address: 644 N KNOWLES AVE APT 9
City-St-Zip: WINTER PARK, FL 32789

Title: PD () Delete
Name: BREEN, L.A.
Address: 249 E CANTON LANE
City-St-Zip: WINTER PARK, FL 32789

Title: AST () Delete
Name: TODD, PEGGY
Address: 688 BRECHIN DR
City-St-Zip: WINTER PARK, FL 32792

Title: TD () Delete
Name: KEEGAN, GAIL
Address: 1631 LAKE KNOWLES CIRCLE
City-St-Zip: WINTER PARK, FL 32789

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: L A BREEN

PRES

06/15/2009

Electronic Signature of Signing Officer or Director

Date