

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90128 030 \*\*\*\*61.25

**DOCUMENT # 730837**  
 1. Entity Name  
 KNOWLBORNE SQUARE ASSOCIATION, INC.



Principal Place of Business 199 E WELBOURNE AVE WINTER PARK, FL 32789	Mailing Address 199 E WELBOURNE AVE WINTER PARK, FL 32789
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50029871



03022005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1719145	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 ODAHOWSKI, DAVID A.  
 199 E. WELBOURNE AVENUE  
 WINTER PARK, FL  
 WINTER PARK, FL 32789

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

**Filing Fee is \$61.25**  
**Due by May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TDS CROSS, MICHAEL R. 199 E WELBOURNE AVE WINTER PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ODAHOWSKI, DAVID A. 199 E. WELBOURNE AVE. WINTER PARK, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PRICE, ALAN D 199 E WELBOURNE AVE WINTER PARK, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:** *David Odahowski* David Odahowski, Pres. 3/26/05 (407) 647-4322  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #