2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#730846

FILED Apr 02, 2007 Secretary of State

Entity Name: KNOWLSON COLONY PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:			New Princ	New Principal Place of Business:	
35 ATLAN KEY LAR(ITIC DR 30, FL 33037	US			
Current Mailing Address:			New Maili	New Mailing Address:	
P. O. BOX	(1572				
	GO, FL 33037	US			
FEI Number	r: 65-0127503	FEI Number Applied For ()	FEI Number Not Appl	licable () Certificate of Status Desired ()	
Name and	d Address of C	urrent Registered Agent:	Name and	Address of New Registered Agent:	
10 ATLAN	T, BERNADETT ITIC DR CR 905 GO, FL 33037				
	e named entity s e of Florida.	ubmits this statement for the pu	rpose of changing i	ts registered office or registered agent, or both,	
SIGNATU	RE:				
	Electron	ic Signature of Registered Agen	t	Date	
OFFICER	S AND DIRECT	rors:	ADDITION	IS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	VP () STOKY, ROTH 14 RAINBOW D KEY LARGO, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	P () BERNADETTE, 10 ATLANTIC DI KEY LARGO, FL	RIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Name: Address:	D () NELSON, CHRIS 22 ATLANTIC DI KEY LARGO, FL	R	Title: Name: Address: City-St-Zip:	D (X) Change () Addition GRIFFITH, ROBERT 34 ATLANTIC DR KEY LARGO, FL 33037	
Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	NELSON, CHRIS 22 ATLANTIC DI KEY LARGO, FL	S DELETE R _ 33037 Delete R	Name: Address:	GRIFFITH, ROBERT 34 ATLANTIC DR	
Name: Address: City-St-Zip: Title: Name: Address:	NELSON, CHRIS 22 ATLANTIC DI KEY LARGO, FL ST () GRAY, TOM 35 ATLANTIC DI KEY LARGO, FL	S DELETE R _ 33037 Delete R _ 33037 Delete AN	Name: Address: City-St-Zip: Title: Name: Address:	GRIFFITH, ROBERT 34 ATLANTIC DR KEY LARGO, FL 33037	

I hereby certify that the information supplied with this filing does not qualify for the 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: TOM GRAY ST 04/02/2007