


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90069 026 \*\*\*\*61.25

<b>DOCUMENT # 739838</b> 1. Entity Name <b>KNOLLWOOD CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>10110 W BAY HARBOR DR APT. #5 BAY HARBOR ISLANDS FL 33154-1299 US</b>			Mailing Address <b>10110 W BAY HARBOR DR APT. #5 BAY HARBOR ISLANDS FL 33154-1299 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>STEWART, JUDI C 10110 W BAY HARBOR DR #5 BAY HARBOR ISLAND FL 33154</b>			Name Street Address (P.O. Box Number is Not Acceptable) City		
			<b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
		<b>Make Check Payable to Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	STD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REYES, IRISTEL		NAME		
STREET ADDRESS	10110 W. BAY HARBOR DR. #2		STREET ADDRESS		
CITY-ST-ZIP	BAY HARBOR ISLANDS FL 33154		CITY-ST-ZIP		
TITLE	PD <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STEWART, JUDI C		NAME		
STREET ADDRESS	10110 W BAY HARBOR DR #5		STREET ADDRESS		
CITY-ST-ZIP	BAY HARBOR ISLANDS FL 33154		CITY-ST-ZIP		
TITLE	VPD <input checked="" type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CASTORAD, ADAM		NAME	<b>RAY Lechler</b>	
STREET ADDRESS	10110 W. BAY HARBOR DR. #6		STREET ADDRESS	<b>10110 W Bay Harbor Dr #3</b>	
CITY-ST-ZIP	BAY HARBOR ISLANDS FL 33154		CITY-ST-ZIP	<b>Bay Harbor Island, FL 33154</b>	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.					
<b>SIGNATURE:</b> <i>Judi Stewart</i> <b>Judi Stewart</b>			<b>1/31/05</b> <b>305-864-6164</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		

40014490



1st MOORE CR2E037 (10/04)

4. FEI Number **59-1888531** Applied For Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**