

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

**FILED**  
**Feb 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 739838**

1. Entity Name

**KNOLLWOOD CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business

**10110 W BAY HARBOR DR  
APT. #5  
BAY HARBOR ISLANDS FL 33154-1299  
US**

Mailing Address

**10110 W BAY HARBOR DR  
APT. #5  
BAY HARBOR ISLANDS FL 33154-1299  
US**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1st MOORE

CR2E037 (10/05)

City & State

City & State

4. FEI Number

**59-1888531**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**STEWART, JUDI C  
10110 W BAY HARBOR DR  
#5  
BAY HARBOR ISLAND FL 33154**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

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

Signature, typed or printed name of registered agent and (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 **STD** ☐ Delete  
NAME **REYES, IRISTEL**  
STREET ADDRESS **10110 W. BAY HARBOR DR. #2**  
CITY-ST-ZIP **BAY HARBOR ISLANDS FL 33154**

TITLE **PD** ☐ Delete  
NAME **STEWART, JUDI C**  
STREET ADDRESS **10110 W BAY HARBOR DR #5**  
CITY-ST-ZIP **BAY HARBOR ISLANDS FL 33154**

TITLE **VPD** ☐ Delete  
NAME **LECHLER, RAY**  
STREET ADDRESS **10110 WEST BAY HARBOR DRIVE #3**  
CITY-ST-ZIP **BAY HARBOR ISLAND FL 33154**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Add  
NAME  
STREET ADDRESS **000000439139**  
CITY-ST-ZIP **03/01/06-80034-014 70.00**

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

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

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

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

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

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.

*Judi C Stewart* *Judi C Stewart* *305-864*