

FILE NOW: FILING FEE AFTER MAY 1 IS \$150.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Northern
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB 22 AM 11:14

DOCUMENT # 740727 (3)
1. Corporation Name
CHATEAU ON THE KNOLL HOMEOWNERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
9393 SW 61 WAY BOCA RATON FL 33428-3102
9393 SW 61 WAY BOCA RATON FL 33428-3102

3. Date Incorporated or Qualified 11/08/1977
3a. Date of Last Report 02/02/1994
4. FEI Number 59-1963226
Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suits, Apt. #, etc. 26 Suits, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**BOONE, CECELIA
9470 B SW 61ST WAY
BOCA RATON FL 33428**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	BOONE, CECELIA
STREET ADDRESS	9470-B SW 61ST WAY
CITY-ST-ZIP	BOCA RATON, FL 00000
TITLE	TD
NAME	BULMER, WILLIAM
STREET ADDRESS	9420-D SW 61ST WAY X off
CITY-ST-ZIP	BOCA RATON FL
TITLE	SD
NAME	WASSER, VIRGINIA
STREET ADDRESS	9410-A SW 61ST WAY
CITY-ST-ZIP	BOCA RATON FL
TITLE	D
NAME	TRAPANI, ROSE X off
STREET ADDRESS	9290-A SW 61 WAY
CITY-ST-ZIP	BOCA RATON FL
TITLE	D
NAME	GIORBANO, THOMAS X off
STREET ADDRESS	9640-B SW 61 WAY
CITY-ST-ZIP	BOCA RATON FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	SAME PD. <input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	TD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Stephanie L. Glazow
2.3 STREET ADDRESS	9255 D. SW 61st way
2.4 CITY-ST-ZIP	BOCA RATON, FL.
3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Foster Y. Lahn
3.3 STREET ADDRESS	9330 D SW 61st way
3.4 CITY-ST-ZIP	BOCA RATON, FL.
4.1 TITLE	Gen Director <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	George J. Fabozzi
4.3 STREET ADDRESS	9340 D SW 61 way
4.4 CITY-ST-ZIP	BOCA RATON, FL.
5.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Kenneth Kessner
5.3 STREET ADDRESS	9310 D SW 61 way
5.4 CITY-ST-ZIP	BOCA RATON, FL.
6.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Virginia Wasser
6.3 STREET ADDRESS	9410 A SW 61 way
6.4 CITY-ST-ZIP	BOCA RATON, FL. (see additional page ->)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Cecelia Boone, Pres. Date: Feb 7, 1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

407-736-7282