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Feb 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # 740727 (3)

1. Corporation Name

CHATEAU ON THE KNOLL HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

9393 SW 61 WAY
BOCA RATON FL 33428-3102

9393 SW 61 WAY
BOCA RATON FL 33428-6102

3. Date incorporated or Qualified
11/08/1977

3a. Date of Last Report
02/14/1996

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number
59-1963226

Applied For
Not Applicable

Suite, Apt #, etc.

Suite, Apt #, etc.

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

22

27

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

City & State

City & State

23

28

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOONE, CECELIA
9470 B SW 61ST WAY
BOCA RATON FL 33428

81 Name
Kenneth Kessner (President)

82 Street Address (P.O. Box Number is Not Acceptable)
9310-D SW 61 Way

83 Boca Raton, Fla. 33428

84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Kenneth Kessner KENNETH KESSNER PRES. 2/6/97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	BOONE, CECELIA	
STREET ADDRESS	9470-B SW 61ST WAY	
CITY-ST-ZIP	BOCA RATON, FL 00000	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	GLAZOW, STEPHANIE L.	
STREET ADDRESS	9355 D. SW 61 WAY	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	WASSER, VIRGINIA	
STREET ADDRESS	9410-A SW 61ST WAY	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FABOZZI, GEORGE J.	
STREET ADDRESS	9340 D SW 61 WAY	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	P D	<input type="checkbox"/> DELETE
NAME	KESSNER, KENNETH	
STREET ADDRESS	9310 D SW 61 WAY	
CITY-ST-ZIP	BOCA RATON FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MERRITT, TONI	
STREET ADDRESS	9470-C SW 61ST WAY	
CITY-ST-ZIP	BOCA RATON FL	

1.1 TITLE	SEC.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Eileen Sandler	
1.3 STREET ADDRESS	9360-B SW 61 Way	
1.4 CITY-ST-ZIP	Boca Raton, Fla. 33428	
2.1 TITLE	Tres.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Barbara Kite	
2.3 STREET ADDRESS	9350-C SW 61 Way	
2.4 CITY-ST-ZIP	Boca Raton, Fla. 33428	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Miles Magar	
3.3 STREET ADDRESS	9470-D SW 61 Way	
3.4 CITY-ST-ZIP	Boca Raton, Fla. 33428	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Cathy Fagan	
4.3 STREET ADDRESS	9460-C SW 61 Way	
4.4 CITY-ST-ZIP	Boca Raton, Fla. 33428	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Antonette Basso	
5.3 STREET ADDRESS	9470-C SW 61 Way	
5.4 CITY-ST-ZIP	Boca Raton, Fla. 33428	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Douglas Calhoun	
6.3 STREET ADDRESS	9440-C SW 61 Way	
6.4 CITY-ST-ZIP	Boca Raton, Fla. 33428	

14. I do 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Kenneth Kessner* KENNETH KESSNER

Date: 2/6/97 Daytime Phone # 561 483-4030 0041879

CP2E037 (9/96)