


FILED
Jul 13, 1999 8:00 am
Secretary of State

07-13-1999 90010 005 ****61.25

587177-90010-5

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 740727(3)
 1. Corporation Name
Chateau-on-the-Knoll Homeowners Assoc., Inc.

Principal Place of Business	Mailing Address
<u>9393 SW 61 Way Boca Raton, Fl. 33428-3102</u>	<u>9393 SW 61 Way Boca Raton, Fl. 33428-3102</u>

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21. Suite, Apt. #, etc.	2b. Suite/Apt. #, etc.	<u>11/08/97</u>
22. City & State	27. City & State	4. PEI Number
23. Zip	28. Zip	<u>59-19632810</u>
25. Country	29. Country	Applied For
		<input type="checkbox"/> Not Applicable
		5. Certificate of Status Desired
		<input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing
		<input type="checkbox"/> \$5.00 May Be Added to Fees

8. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
<u>Kenneth Kessner 9310D SW 61st Way Boca Raton, FL 33428 US</u>	61. Name <u>Gary A. Poliakoff, J.D.</u> 62. Street Address (P.O. Box Number is Not Acceptable) <u>Backer & Poliakoff, P.A.</u> 63. <u>3111 Stirling Road</u> 64. City <u>Port Lauderdale</u> FL 65. Zip Code <u>33312</u>

11. Pursuant to the provisions of Sections 817.0602 and 817.1806, 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 817.0603, Florida Statutes.

SIGNATURE [Signature] DATE 7-6-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>Pres. Louis Soria</u>	1.2 NAME	
STREET ADDRESS	<u>9330D SW 61 Way</u>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<u>Boca Raton, Fl. 33428</u>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>V Pres Barbara Kite</u>	2.2 NAME	
STREET ADDRESS	<u>9350 C SW 61 Way</u>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<u>Boca Raton, Fl. 33428</u>	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<u>Sec/Treas Eileen Sandler</u>	3.2 NAME	
STREET ADDRESS	<u>9360 B SW 61 Way</u>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<u>Boca Raton, Fl. 33428</u>	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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, with all other like empowered.

X SIGNATURE: Barbara Kite BARBARA KITE 6/28/99 488 3385