

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State

02-21-2002 90171 029 ****61.25

DOCUMENT # 740727

1. Entity 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 33428-3102

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1963226

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRIDENT PROPERTIES MANAGEMENT
1000 HOLLAND DRIVE
12
BOCA RATON FL 33487

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.

SIGNATURE

Director of Prop Mgmt

2/8/02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE Delete
 NAME **PD SANZO, PATRICK**
 STREET ADDRESS **9310-C S.W. 61ST WAY**
 CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D CALHOUN, DOUGLAS**
 STREET ADDRESS **9440-C SW 61 WAY**
 CITY-ST-ZIP **BOCA RATON FL**

TITLE Change Addition
 NAME **SP Christine Sharp**
 STREET ADDRESS **9260-D SW 61st Way**
 CITY-ST-ZIP **Boca Raton, FL 33428**

TITLE Delete
 NAME **VPD CORE, ENRICO**
 STREET ADDRESS **9285-C S.W. 61ST WAY**
 CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **SD MERRITT, TONI**
 STREET ADDRESS **9470-C S.W. 61ST WAY**
 CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **TD KESSNER, KENNETH**
 STREET ADDRESS **9310 D SW 61 WAY**
 CITY-ST-ZIP **BOCA RATON FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **D CALHOUN, DOUGLAS**
 STREET ADDRESS **9440-C S.W. 61ST WAY**
 CITY-ST-ZIP **BOCA RATON FL 33428**

TITLE Change Addition
 NAME
 STREET ADDRESS
 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE REQUIRED

Date

Daytime Phone #

2-7-02

4518154

CR2E037 (9/01)