

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 19, 2004 8:00 am
Secretary of State

07-19-2004 90014 034 ****61.25

DOCUMENT # 740727

1. Entity Name
CHATEAU ON THE KNOLL HOMEOWNERS ASSOCIATION, INC.



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

Mailing Address
 9393 SW 61 WAY
 BOCA RATON, FL 33428-3102

54063617



2. Principal Place of Business
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

07082004 Chg-NP CR2E037 (10/03)

City & State
 Zip Country

4. FEI Number
59-1963226

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
TRIDENT PROPERTIES MANAGEMENT
 1000 HOLLAND DRIVE
 # 12
 BOCA RATON, FL 33487

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 _____ DATE _____
Signature: Typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by September 8, 2004

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	P	<input type="checkbox"/> Delete
NAME	PUGLIESE, LAWRENCE	
STREET ADDRESS	9470-B SW 61ST WAY	
CITY-ST-ZIP	BOCA RATON, FL 33428	
TITLE	D	<input type="checkbox"/> Delete
NAME	TERRY, ROBERT	
STREET ADDRESS	9440-D SW 61ST WAY	
CITY-ST-ZIP	BOCA RATON, FL 33428	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	CORE, ENRICO	
STREET ADDRESS	9285-C S.W. 61ST WAY	
CITY-ST-ZIP	BOCA RATON, FL 33428	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	SHARP, CHRISTINE	
STREET ADDRESS	9260-D SW 61ST WAY	
CITY-ST-ZIP	BOCA RATON, FL 33428	
TITLE	TD	<input type="checkbox"/> Delete
NAME	KESSNER, KENNETH	
STREET ADDRESS	9310 D SW 61 WAY	
CITY-ST-ZIP	BOCA RATON, FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TRAPANI, LOUIS	
STREET ADDRESS	9440-B SW 61ST WAY	
CITY-ST-ZIP	BOCA RATON, FL 33428	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 power like empowered.

SIGNATURE: *Lawrence Pugliese* / LAWRENCE PUGLIESE Date: 7/19/04 Daytime Phone #: 561-23-0923