


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 04, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 754554</b> 1. Entity Name SEMINOLE COUNTY KNOLLWOOD COMMUNITY ASSOCIATION, INC.	
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Principal Place of Business P.O. BOX 520174 LONGWOOD, FL 32752-7174	Mailing Address P.O. BOX 520174 LONGWOOD, FL 32752-7174
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03182005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-2913203	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  DAVIS, TRACEY L 1310 WINDSOR AVE. LONGWOOD, FL 32750	<b>DO NOT WRITE IN THIS SPACE</b>
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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: Tracey L. Davis Tracey L. Davis Treasurer 4/1/05  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25  
Due by May 1, 2005**

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DAVIS, TRACEY 1310 WINDSOR AVE. LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEWART, RICHARD L 1222 ROXBORO RD. LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S TILLOTSON, GLENDA 1699 KINGSTON RD LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DUNBAR, CHAD 1213 WADERLEY WAY LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BREEN, MATT 1228 ROXBORO ROAD LONGWOOD, FL 32750
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHOW, KEVIN 1216 WINDSOR AVENUE LONGWOOD, FL 32750

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04/05/05-80003-014 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Tracey L. Davis Tracey L. Davis 4/1/05 407-831-7050  
Signature and typed or printed name of signing officer or director Date Daytime Phone #