FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 8:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 763014 (8)

1. Corporation Name
THE KNOLLS OF KINGS POINT CONDOMINIUM ASSOCIATIO N, INC.

Principal Place of Business
1904 CLUBHOUSE DRIVE
SUN CITY CENTER FL 33573-4351

Mailing Address
1904 CLUBHOUSE DRIVE
SUN CITY CENTER FL 33573-4351

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/27/1982
3a. Date of Last Report: 04/25/1994
4. FEI Number: 59-2529057 — Applied For / Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26	5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
Suite, Apt #, etc 22	Suite, Apt #, etc 27	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
City & State 23	City & State 28	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
Zip 24 / Country 25	Zip 29 / Country 30	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

GREENE, ROBERT E.
% PROFESSIONAL COMMUNITY SERVICES CORP.
1904 CLUBHOUSE DRIVE
SUN CITY CENTER FL 33573

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) c/o Florida Lifestyle Management
83
84 City FL
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE ______ (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	11 TITLE	☐ Change ☐ Addition
NAME	STRINGER, WAYNE	12 NAME	
STREET ADDRESS	409 LAKE POINT CT	13 STREET ADDRESS	
CITY ST ZIP	SUN CITY CENTER FL	14 CITY ST ZIP	
TITLE	SD	21 TITLE	☐ Change ☐ Addition
NAME	STRINGER, SUE	22 NAME	
STREET ADDRESS	409 LAKE POINT	23 STREET ADDRESS	
CITY ST ZIP	SUN CITY CENTER FL	24 CITY ST ZIP	
TITLE	TD	31 TITLE	☐ Change ☐ Addition
NAME	BUTEAU, ED	32 NAME	
STREET ADDRESS	402 BLOOM COURT	33 STREET ADDRESS	
CITY ST ZIP	SUN CITY CENTER FL	34 CITY ST ZIP	
TITLE	D	41 TITLE	D ☒ Change ☐ Addition
NAME	WILLI, JANE	42 NAME	Coffield, Elmira
STREET ADDRESS	406 LAKE POINT CT	43 STREET ADDRESS	411 Bloom Court
CITY ST ZIP	SUN CITY CENTER FL	44 CITY ST ZIP	Sun City Center FL
TITLE	VD	51 TITLE	☐ Change ☐ Addition
NAME	HERZBERG, A.L.	52 NAME	
STREET ADDRESS	422 LAKE POINT CT	53 STREET ADDRESS	
CITY ST ZIP	SUN CITY CENTER FL	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: W. A. Stringer 3/23/96 634-5880
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0013862