

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 763014 (8)

1. Corporation Name

THE KNOLLS OF KINGS POINT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

1904 CLUBHOUSE DRIVE
SUN CITY CENTER FL 33573-4351

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SUN CITY CENTER FL 33573-4351



800001840028

-05/28/96--01017--026

***\$61.25

3. Date Incorporated or Qualified

04/27/1982

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2529057

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

GREENE, ROBERT E.
C/O FLORIDA LIFESTYLE MANAGEMENT
1904 CLUBHOUSE DRIVE
SUN CITY CENTER FL 33573

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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
NAME STRINGER, WAYNE
STREET ADDRESS 409 LAKE POINT CT
CITY-ST-ZIP SUN CITY CENTER FL
☒ DELETE

1.1 TITLE PD ☒ Change ☐ Addition
1.2 NAME COFFIELD, ELMIRA
1.3 STREET ADDRESS 411 BLOOM COURT
1.4 CITY-ST-ZIP SUN CITY CENTER, FL 33573

TITLE SD
NAME STRINGER, SUE
STREET ADDRESS 409 LAKE POINT
CITY-ST-ZIP SUN CITY CENTER FL
☒ DELETE

2.1 TITLE SD ☒ Change ☐ Addition
2.2 NAME PLUSSE, ESTHER
2.3 STREET ADDRESS 408 LAKE POINT COURT
2.4 CITY-ST-ZIP SUN CITY CENTER, FL 33573

TITLE TD
NAME BUTEAU, ED
STREET ADDRESS 402 BLOOM COURT
CITY-ST-ZIP SUN CITY CENTER FL
☐ DELETE

3.1 TITLE VD ☒ Change ☐ Addition
3.2 NAME CAULEY, JOHN
3.3 STREET ADDRESS 404 LAKE POINT COURT
3.4 CITY-ST-ZIP SUN CITY CENTER, FL 33573

TITLE D
NAME COFFIELD ELMIRA
STREET ADDRESS 411 BLOOM COURT
CITY-ST-ZIP SUN CITY CENTER FL
☐ DELETE

4.1 TITLE PD ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE VD
NAME HERZBERG, A.L.
STREET ADDRESS 422 LAKE POINT CT
CITY-ST-ZIP SUN CITY CENTER FL
☐ DELETE

5.1 TITLE D ☒ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

6.1 TITLE TD ☒ Change ☐ Addition
6.2 NAME BUTEAU, JOSEPH E.
6.3 STREET ADDRESS 402 BLOOM COURT
6.4 CITY-ST-ZIP SUN CITY CENTER, FL 33573

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

JOSEPH E. BUTEAU

3-12-96 813-634-1577

5-25-96

CR2E037 (12/95)