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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 763014

1. Corporation Name

THE KNOLLS OF KINGS POINT CONDOMINIUM ASSOCIATION, 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**



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

04/27/1982

4. FEI Number

59-2529057

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**GREENE, ROBERT E.
C/O FLORIDA LIFESTYLE MANAGEMENT
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)

83

84 City

FL

85 Zip Code

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

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

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

TITLE PD ☒ DELETE
NAME CAULEY, JOHN
STREET ADDRESS 404 LAKEPOINT COURT
CITY-ST-ZIP SUN CITY CENTER FL

TITLE SD ☐ DELETE
NAME PLUSSE, ESTHER
STREET ADDRESS 408 LAKE POINT CT
CITY-ST-ZIP SUN CITY CENTER FL

TITLE D ☐ DELETE
NAME NICHOLSON, TOM
STREET ADDRESS 412 BLOOM COURT
CITY-ST-ZIP SUN CITY CENTER FL

TITLE VP ☒ DELETE
NAME COFFIELD, ADRIAN
STREET ADDRESS 411 BLOOM COURT
CITY-ST-ZIP SUN CITY CENTER FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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

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

6.1 TITLE ☒ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

PD
ADRIAN COFFIELD
411 BLOOM CT.
SUN CITY CENTER, FL

VP
MILTON MENDEL
407 BLOOM CT
SUN CITY CENTER, FL

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
ADRIAN COFFIELD 4-8-99 913-694-8351
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)