

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 19, 2000 8:00 am
Secretary of State

06-19-2000 90003 032 ****61.25

DOCUMENT # 763014

1. Entity Name

THE KNOLLS OF KINGS POINT CONDOMINIUM ASSOCIATIO

R

Principal Place of Business

Mailing Address

1904 CLUBHOUSE DRIVE
 SUN CITY CENTER FL 33573-4351

1904 CLUBHOUSE DRIVE
 SUN CITY CENTER FL 33573-5912

2. Principal Place of Business
Sterling Management, Inc.
723 Imar Drive
Sun City Center, FL 33573

3. Mailing Address
Sterling Management, Inc.
723 Imar Drive
Sun City Center, FL 33573

80102493



DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

59-2529057

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Brian L. May/Sterling Management
723 Imar Drive
Sun City Center, FL 33573

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.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5-5-2000

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	HERZBERG, A L	422 LAKE POINT CENTER	SUN CITY CENTER FL	<input checked="" type="checkbox"/>
TD	BUTEAU, ED	402 BLOOM COURT	SUN CITY CENTER FL	<input type="checkbox"/>
PD	COFFIELD, ADRIAN	411 BLOOM CT	SUN CITY CENTER FL	<input type="checkbox"/>
SD	PLUSSER, ESTHER	408 LAKE POINT CT	SUN CITY CENTER FL	<input checked="" type="checkbox"/>
D	NICHOLSON, TOM	412 BLOOM COURT	SUN CITY CENTER FL	<input type="checkbox"/>
VO	MENGEL, MILTON	407 BLOOM CT	SUN CITY CENTER FL	<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
	Secretary At Ward	414 Lakepoint	Sun City Center, FL 33573	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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 other like empowered.

SIGNATURE:

[Handwritten Signature]

6-14-00

813-634-8351

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

037 (1/98)