

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2002 8:00 am
Secretary of State

05-23-2002 90118 006 ****61.25

DOCUMENT # 763014

1. Entity Name

THE KNOLLS OF KINGS POINT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

STERLING MANAGEMENT, INC
 723 IMAR DRIVE
 SUN CITY CENTER FL 33573

STERLING MANAGEMENT, INC
 723 IMAR DRIVE
 SUN CITY CENTER FL 33573

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MAY, BRAIN L
 723 IMAR DRIVE
 SUN CITY CENTER FL 33573

Name **BECKER & POLIAKOFF, P.A.**

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

2401 WEST BAY DRIVE, SUITE 414

City **LARGO**

FL

Zip Code **33770**

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

Ellen Hirsch de Haan

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

(NOTE: Registered Agent Signature required when reinstating)

DATE

ELLEN HIRSCH de HAAN, J.D. FOR THE FIRM

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 Delete
 NAME **TD BUTEAU, ED**
 STREET ADDRESS **402 BLOOM COURT**
 CITY-ST-ZIP **SUN CITY CENTER FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **PD COFFIELD, ADRIAN**
 STREET ADDRESS **411 BLOOM CT**
 CITY-ST-ZIP **SUN CITY CENTER FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **S WARD, AL**
 STREET ADDRESS **414 LAKEPOINT**
 CITY-ST-ZIP **SUN CITY CENTER FL 33573**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME **VD MENGEL, MILTON**
 STREET ADDRESS **407 BLOOM CT**
 CITY-ST-ZIP **SUN CITY CENTER FL**

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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:

Signature Required

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-4-02 813-634-8351

Date

Daytime Phone #

CR2E037 (9/01)