2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 29, 2008 8:00 am Secretary of State

| DOCUMENT # 763014 | | | | 0 | 04-29-2008 90079 014 ****61.25 | | | | |
|--|---|--|--|---|--|--|--|------------|--|
| 1. Entity Name THE KNOLLS OF KINGS POINT CONDOMINIUM ASSOCIATION, INC. | | | | | | | | | |
| 1701-B RICK | e of Business Anagement, inc Enbacker Drive Vier, Fl. 33573 | Mailing Address STERLING MANAGEMENT, I 1701-B RICKENBACKER DI SUN CITY CENTER, FL 335 | rive | | | | F1811 8/T1/101 81 1181 | | |
| 2. Principal D | | Address | | | | | | | |
| 1904 | ng Management Clubhouse Drive | pt. #, etc. | | 01252008 CI | hg-NP | CR2E037 (12 | 2/06) | | |
| Sun C | City Center, FL 33573 | tate | | 4. FEI Number 59-252905 | | | Applied For | | |
| | | | Country | | | \$8.7 | Not Applicate 5 Additional | Нe | |
| | | | | 5. Certificate of St | | Fee F | Required | | |
| | 6. Name and Address of Current Re | gistered Agent | Name | 7. Name and Add | iress of New R | Registered Agent | | _ | |
| DE FURIO, JAMES R ESQ 201 E. KENNEDY BLVD. | | | | ess (P.O. Box Number is | Not Acceptable | e) | | | |
| STE 1460 TAMPA, FI | 33602 | | | | | | | | |
| 17 (14)1 73, 11 | 00002 | | City | | | FL Z | ip Code | | |
| | named entity submits this statement for thions of registered agent. | e purpose of changing its reg | istered office or regi | istered agent, or both, in | the State of Flo | | ar with, and accep | ot | |
| the congat | ions of registered agent. | | | | | | | | |
| SIGNATURE . | | | | | | | | | |
| SIGNATURE . | Signature, typed or printed name of registered agent and | title if applicable. (NOTE: Re | gistered Agent signature rec | quired when reinstating) | | DATE | | | |
| SIGNATURE . | | ı | | | | | able to | | |
| SIGNATURE . | Signature, typed or printed name of registered agent and Filling Fee is \$61.25 Due by May 1, 2008 | 9. Election Campa Trust Fund Cont | ign Financing | \$5.00 May Be Added to Fees | | DATE Take check pay rida Departmen | | | |
| 10. | Filing Fee is \$61.25 Due by May 1, 2008 OFFICERS AND DIRECT | 9. Election Campa Trust Fund Cont | ign Financing tribution. | \$5.00 May Be | Flor | lake check pay rida Departmen | of State | | |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 charged, or on an attachment with an address, with all other like empowered.

| SIGNATURE: | Barbara | Conroy- | Pris |
|------------|-----------------------|-----------------------------|--------------------|
| | SIGNATURE AND TYPED O | R PRINTED NAME OF SIGNING O | FFICER OR DIRECTOR |

4/23/08

Daytime Phone #