2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#763014

FILED Apr 29, 2009 Secretary of State

Entity Name: THE KNOLLS OF KINGS POINT CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

STERLING MANAGEMENT, INC 1904 CLUBHOUSE DR SUN CITY CENTER, FL 33573

Current Mailing Address: New Mailing Address:

STERLING MANAGEMENT, INC 1904 CLUBHOUSE DR SUN CITY CENTER, FL 33573

FEI Number: 59-2529057 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DE FURIO, JAMES R ESQ 201 E. KENNEDY BLVD. STE 1460 TAMPA, FL 33602 US WETHERINGTON, HAMILTON, HARRISON & FAIR PA 1010 N FLORIDA AVE TAMPA, FL 33602 US

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: RONALD COTTERILL 04/29/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete (X) Change () Addition NICHOLSON, TOM CONROY, BARBARA Name: Name: 412 BLOOM COURT Address: 403 LAKEPOINT COURT Address: City-St-Zip: SUN CITY CENTER, FL City-St-Zip: SUN CITY CENTER, FL 33573 Title: () Delete Title: (X) Change () Addition

Name:SCHAEFER, BARBARAName:BERGER, JACQUELINEAddress:406 LAKE POINT CTAddress:410 LAKEPOINT COURTCity-St-Zip:SUN CITY CENTER, FL 33573City-St-Zip:SUN CITY CENTER, FL 33573

Title: PD () Delete Title: SD (X) Change () Addition Name: CONROY, BARBARA Name: CREEVY, JANE

Address: 403 LAKEPOINT CT Address: 404 LAKEPOINT COURT
City-St-Zip: SUN CITY CENTER, FL 33573 City-St-Zip: SUN CITY CENTER, FL 33573

Title: () Delete Title: TD () Change (X) Addition

Name: Name: SCHAEFER, BARBARA
Address: 406 LAKEPOINT COURT
City-St-Zip: City-St-Zip: SUN CITY CENTER,, FL 33573

Name: Name: WARD, AL

Address: Address: 414 LAKEPOINT COURT
City-St-Zip: City-St-Zip: SUN CITY CENTER,, FL 33573

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BRIAN L MAY MGR 04/29/2009