2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2009
Secretary of State

DOCUMENT# N07000001620

Entity Name: KNOLLWOOD RECREATION, INC.

Current Principal Place of Business:

275 CLYDE MORRIS BOULEVARD
ORMOND BEACH, FL 32174

New Principal Place of Business:

Current Mailing Address:

275 CLYDE MORRIS BOULEVARD
ORMOND BEACH, FL 32174

New Mailing Address:

FEI Number: 20-8467440 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

VOGES, WILLIAM J
275 CLYDE MORRIS BOULEVARD
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D/P	( ) Delete
Name:	LITTELL, ROBERT	
Address:	110 KNOLLWOOD ESTATES DR	
City-St-Zip:	ORMOND BEACH, FL 32174	
Title:	D/VP	( ) Delete
Name:	YUSHOK, CONSTANCE	
Address:	162 LAUREL WOOD LANE	
City-St-Zip:	ORMOND BEACH, FL 32174	
Title:	D/ST	( ) Delete
Name:	GILMORE, DEBORAH	
Address:	106 KNOLLWOOD ESTATES DRIVE	
City-St-Zip:	ORMOND BEACH, FL 32174	
Title:	D	( ) Delete
Name:	VOGES, WILLIAM J	
Address:	275 CLYDE MORRIS BOULEVARD	
City-St-Zip:	ORMOND BEACH, FL 32174	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

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: WILLIAM J. VOGES DIR 01/19/2009
Electronic Signature of Signing Officer or Director — Date