

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N07089

1. Entity Name

COUNTRY KNOLLS HOMEOWNERS ASSOCIATION, INCORPORA

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90031 044 ****70.00

Principal Place of Business

4823 N.W. 4TH AVENUE
POMPANO BEACH FL 33064
US

Mailing Address

4823 N.W. 4TH AVENUE
POMPANO BEACH FL 33064-2428
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2530903

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

WIKEN, KATHERINE
4823 N.W. 4TH AVENUE
POMPANO BEACH FL 33064

Name **CONNIE STAVES**

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

315 NW 49th Place

City **Pompano Beach**

FL

Zip Code **33064**

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

CONNIE STAVES

Connie Staves

4/8/2000

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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 **PD** ☒ Delete
NAME **MICHAUD, PIERRETTE**
STREET ADDRESS **4900 N.W. 4TH AVENUE**
CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE **VD** ☐ Delete
NAME **LALIBERTE-COURVILLE, LOUISE**
STREET ADDRESS **4904 N.W. 3RD AVENUE**
CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE **VT** ☐ Delete
NAME **SMITH, BILL**
STREET ADDRESS **402 N.W. 50TH COURT**
CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE **TD** ☒ Delete
NAME **WICKEN, KATHERINE**
STREET ADDRESS **4823 N.W. 4TH AVENUE**
CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE **ST** ☒ Delete
NAME **SKIBA, MADELINE**
STREET ADDRESS **4915 1ST WAY**
CITY-ST-ZIP **POMPANO BEACH FL 33064**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **PD** ☒ Change ☐ Addition
NAME **Thomas Broderick**
STREET ADDRESS **4906 NW 1st terrace**
CITY-ST-ZIP **Pompano Beach, FL 33064**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **TD** ☒ Change ☐ Addition
NAME **CONNIE STAVES**
STREET ADDRESS **315 NW 49th Pl**
CITY-ST-ZIP **Pompano Beach, FL 33064**

TITLE **ST** ☒ Change ☐ Addition
NAME **ALICE CASPAR**
STREET ADDRESS **302 NW 49th St**
CITY-ST-ZIP **Pompano Bch, FL 33064**

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:

CONNIE STAVES REQUIRED Staves

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/8/2000 954-427-9936

Date

Daytime Phone #

CR200017 (1/99)