

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 14, 2002 8:00 am
Secretary of State

05-14-2002 90304 038 ****61.25

DOCUMENT # N07089

1. Entity Name

COUNTRY KNOLLS HOMEOWNERS ASSOCIATION, INCORPORATION

Principal Place of Business

Mailing Address

315 NW 49 TH PLACE
 POMPANO BEACH FL 33064
 US

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

2. Principal Place of Business

123 NW 50th St.

3. Mailing Address

123 NW 50th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

POMPANO BEACH, FL.

City & State

POMPANO BEACH, FL.

Zip

Country

Zip

Country

33064

USA

33064

USA

4. FEI Number

59-2530903

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

STAVES, CONNIE
 315 NW 49TH PLACE
 POMPANO BEACH FL 33064

7. Name and Address of New Registered Agent

Name ELIZABETH A. HAMMOND

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

123 NW 50th St.

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 *Elizabeth A. Hammond* ELIZABETH A. HAMMOND
 TREASURER

4-24-02

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

TITLE	PD	<input type="checkbox"/> Delete
NAME	BRODERICK, THOMAS	
STREET ADDRESS	4906 NW 1ST TERR	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	BUJOLD, JACQUES	
STREET ADDRESS	313 NW. SO COURT	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	VT	<input checked="" type="checkbox"/> Delete
NAME	SMITH, BILL	
STREET ADDRESS	402 N.W. 50TH COURT	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	STAVES, CONNIE	
STREET ADDRESS	315 NW 49TH PL	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	ST	<input type="checkbox"/> Delete
NAME	HERNANDEZ, MARIA	
STREET ADDRESS	4911 NW 2ND TERRACE	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRED	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DISAND, CARLO	
STREET ADDRESS	400 NW 50th St.	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	VT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRASSARD, JOHN	
STREET ADDRESS	307 NW 49th PLACE	
CITY-ST-ZIP	POMPANO BEACH FL 33064	
TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMMOND ELIZABETH A.	
STREET ADDRESS	123 NW 50th St.	
CITY-ST-ZIP	POMPANO BEACH, FL 33064	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Elizabeth A. Hammond* ELIZABETH A. HAMMOND
 TREASURER

4-24-02 954/439-1302

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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