


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 23, 2005 8:00 am**  
**Secretary of State**

05-23-2005 90001 040 \*\*\*\*70.00

<b>DOCUMENT # N07089</b>	
1. Entity Name <b>COUNTRY KNOLLS HOMEOWNERS ASSOCIATION, INCORPORATION</b>	

Principal Place of Business <b>118 NW 48TH CT POMPANO BEACH FL 33064 US</b>	Mailing Address <b>118 NW 48TH CT POMPANO BEACH FL 33064 US</b>
--	--



2. Principal Place of Business <b>402 NW 50th COURT</b>	3. Mailing Address <b>402 NW 50th COURT</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

1st MOORE CR2E037 (10/04)

City & State <b>DEERFIELD BEACH FL</b>	City & State <b>DEERFIELD BEACH FL</b>
Zip <b>33064</b>	Zip <b>33064</b>
Country <b>BROWARD</b>	Country <b>BROWARD</b>

4. FEI Number <b>NO-T APPLICABLE</b>	Applied For <input type="checkbox"/> Not Applicable
---	--

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
--

6. Name and Address of Current Registered Agent <b>COOK, JOYCE M 118 NW 48TH CT POMPANO BEACH FL 33064</b>	7. Name and Address of New Registered Agent Name <b>EDWARD C. BAXTER JR</b> Street Address (P.O. Box Number is Not Acceptable) <b>402 NW 50th COURT</b> City <b>DEERFIELD BEACH FL</b> Zip Code <b>33064</b>
---	---

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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <i>Edward C. Baxter Jr</i> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)	DATE
--	------

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	<b>Make Check Payable to Florida Department of State</b>
--	---	--

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRODERICK, THOMAS 4906 NW 1ST TERR POMPANO BEACH FL 33064 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P.D. MARIA Hernandez <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4911 N.W. 2nd TERR Pompano Bch. FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD TAVARES, JAMES 113 NW 49TH ST POMPANO BEACH FL 33064 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD Real Dacet <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4901 NW 1st Ave. Pompano Bch. FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT BRASSARD, JOHN 307 NW 49 PLACE POMPANO BEACH FL 33064 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT Janine Roy <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 317 NW 48th Court Pompano Bch. FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD COOK, JOYCE M 118 NW 48TH CT POMPANO BEACH FL 33064 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Ed Baxter <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 402 N.W. 50th COURT Pompano Bch FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HERNANDEZ, MARIA 4911 NW 2ND TERRACE POMPANO BEACH FL 33064 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST Gail Trawick <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4915 N.W. 2nd Terr. Pompano Bch FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 <i>Edward C. Baxter Jr</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date <b>5/10/05</b> 954 428 3656 Daytime Phone #
--	--