

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90177 028 \*\*\*\*70.00

**DOCUMENT # N07089**

1. Entity Name

**COUNTRY KNOLLS HOMEOWNERS ASSOCIATION,  
INCORPORATION**



Principal Place of Business

**402 NW 50TH COVES  
DEERFIELD BEACH FL 33064  
US**

Mailing Address

**402 NW 50TH COVES  
DEERFIELD BEACH FL 33064  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

**NO-T APPLICABLE**

Applied For

Not Applicable

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

**BAXTER, EDWARD C JR  
402 NW 50TH COURT  
DEERFIELD BEACH FL 33064**

Name

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

City

**FL**

Zip Code

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

*Edward C Baxter*

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  
Due By May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME HERNANDEZ, MARIA  
STREET ADDRESS 4911 NW 2ND TERR  
CITY-ST-ZIP POMPANO BEACH FL 33064

TITLE VD ☒ Delete  
NAME DACET, REAL  
STREET ADDRESS 4901 NW 1ST AVE  
CITY-ST-ZIP POMPANO BEACH FL 33064

TITLE VT ☒ Delete  
NAME ROY, JANINE  
STREET ADDRESS 317 NW 48TH COURT  
CITY-ST-ZIP POMPANO BEACH FL 33064

TITLE TD ☐ Delete  
NAME BAXTER, ED  
STREET ADDRESS 402 NW 50TH COURT  
CITY-ST-ZIP POMPANO BEACH FL 33064

TITLE ST ☐ Delete  
NAME TRAWICK, GAIL  
STREET ADDRESS 4915 NW 2ND TERR  
CITY-ST-ZIP POMPANO BEACH FL 33064

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition  
NAME Herbert Castor  
STREET ADDRESS 208 N.W. 50TH ST.  
CITY-ST-ZIP Pompano Bch. FL 33064

TITLE ☐ Change ☐ Addition  
NAME Stanley Zyboft  
STREET ADDRESS 300 N.W. 49TH ST.  
CITY-ST-ZIP Pompano Bch. FL 33064

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

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

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 exemptions contained in Section 119, 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:

*Edward C Baxter*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-20-06