

**NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 10, 2008 8:00 am**  
**Secretary of State**

03-10-2008 90052 015 \*\*\*\*70.00

**DOCUMENT #** N07089

**1. Entity Name** Country Knolls Homeowners  
Assoc., Inc.



**DO NOT WRITE IN THIS SPACE**

40041255

**2. Principal Place of Business - No P.O. Box #**

401 NW 50th St.  
Suite, Apt. #, etc.

**3. Mailing Address**

401 NW 50th St.  
Suite, Apt. #, etc.

CR2E037B (5/07)

**City & State**

Pompano Bch., Fl.

**City & State**

Pompano Bch., Fl.

**4. FEI Number**

☐ Applied For

☒ Not Applicable

**Zip**

33064

**Country**

Broward

**Zip**

33064

**Country**

Broward

**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required**

**7. Name and Address of Current Registered Agent**

**Name** Carol Blakely

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

4823 NW 2nd Ave.

**City**

Pompano Bch.

**FL**

**Zip Code**

33064

**DO NOT WRITE  
IN THIS SPACE**

**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.**

Carol Blakely, Pres.

Feb. 29, 2008

**SIGNATURE** *Carol Blakely*  
Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

**DATE**

*Feb. 29 - 2008*

**FEE IS \$61.25  
Initial or Amended AR**

**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** P  
**NAME** Carol Blakely  
**STREET ADDRESS** 4823 NW 2nd Ave.  
**CITY-ST-ZIP** Pompano Bch., Fl. 33064

**TITLE** V  
**NAME** William Veronesi  
**STREET ADDRESS** 401 NW 50th St.  
**CITY-ST-ZIP** Pompano Bch., Fl. 33064

**TITLE** 2nd V  
**NAME** Betty Ardito  
**STREET ADDRESS** 300 NW 50th St.  
**CITY-ST-ZIP** Pompano Bch., Fl. 33064

**TITLE** S  
**NAME** Gloria Hutchinson  
**STREET ADDRESS** 4902 NW 3rd Ave.  
**CITY-ST-ZIP** Pompano Bch., Fl. 33064

**TITLE** T  
**NAME** Carol Fogliano  
**STREET ADDRESS** 5007 NW 1st Way  
**CITY-ST-ZIP** Pompano Bch., Fl. 33064

**TITLE**  
**NAME**  
**STREET ADDRESS**  
**CITY-ST-ZIP**

**DO NOT WRITE  
IN THIS SPACE**

**12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 on an attachment with an address, with all other like empowered.**

Carol Blakely Pres.

Feb. 29, 2008

954 725-5878

**SIGNATURE:** *Carol Blakely*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2-29-2008*

Date

Daytime Phone #