

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 13, 2001 8:00 am
Secretary of State

01-13-2001 90047 033 ****61.25

00093568



DO NOT WRITE IN THIS SPACE

DOCUMENT # N09678	
1. Entity Name	
KNIGHT'S KEY VILLAGE CONDOMINIUM ASSOCIATION, IN	

Principal Place of Business	Mailing Address
KYLE WAY, EAST MARATHON FL 33050	8042 PORPOISE DRIVE MARATHON FL 33050

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
Zip	Country

4. FEI Number	Applied For
59-2625673	<input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent
PIERCE, CHARLOTTE S 8042 PORPOISE DRIVE MARATHON FL 33050

7. Name and Address of New Registered Agent
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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS	
TITLE	NAME
PD	TOBIN, TIM
STREET ADDRESS	15 ESTABROOK CIRCLE
CITY-ST-ZIP	W. LEBANON NH 00784
<input type="checkbox"/> Delete	
TITLE	NAME
VPD	MUNSTERER, JERRY
STREET ADDRESS	390 RT 15 SOUTH
CITY-ST-ZIP	WHARTON NJ 07885
<input type="checkbox"/> Delete	
TITLE	NAME
STD	KYLE, JAMES
STREET ADDRESS	40 KYLE WAY WEST
CITY-ST-ZIP	MARATHON FL 33050
<input type="checkbox"/> Delete	
TITLE	NAME
<input type="checkbox"/> Delete	
TITLE	NAME
<input type="checkbox"/> Delete	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	NAME
	151 Busher Dr.
STREET ADDRESS	Middle town. R102842
CITY-ST-ZIP	
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: *[Signature]* **REQUIRED** **1.09.01** **205.743.4P94**

CR2E037 (10/00)