

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 20, 2002 8:00 am
Secretary of State

0078147

DOCUMENT # N10578

1. Entity Name

KNOLLWOOD ACRES HOMEOWNERS ASSOCIATION, INC.

03-20-2002 90058 009 ****61.25

Principal Place of Business

Mailing Address

**KNOLLWOOD ACRES
 ZEPHYRHILLS FL 33544**

**KHA
 P.O. BOX 8
 SAN ANTONIO FL 33576**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



DO NOT WRITE IN THIS SPACE

4. FEI Number

NOT 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

**LORING, ROBERT B
 32640 KNOLLWOOD LA.
 ZEPHYRHILLS FL 33544**

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

Robert B. Loring

Treasurer

3/8/02

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **DP** ☐ Delete
 NAME **HAWLEY, REX**
 STREET ADDRESS **32552 GREENWOOD LP**
 CITY-ST-ZIP **ZEPHYRHILLS FL 33544**

TITLE **SECRETARY** ☒ Change ☒ Addition
 NAME **GEORGIA Fogle**
 STREET ADDRESS **32548 GREENWOOD LANE**
 CITY-ST-ZIP **ZEPHYRHILLS, FL 33544**

TITLE **VPD** ☒ Delete
 NAME **FARQUHAR, SCOTT**
 STREET ADDRESS **32819 PEACHTREE LN**
 CITY-ST-ZIP **ZEPHYRHILLS FL 33544**

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

TITLE **TS** ☐ Delete *Vice President*
 NAME **PEREZ, DAVE**
 STREET ADDRESS **32576 GREENWOOD LP**
 CITY-ST-ZIP **ZEPHYRHILLS FL 33544**

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

TITLE **TD** ☐ Delete
 NAME **LORING, BOB**
 STREET ADDRESS **32640 KNOLLWOOD LA**
 CITY-ST-ZIP **ZEPHYRHILLS FL 33544**

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

TITLE **T** ☐ Delete
 NAME **CAMPBELL, TONY**
 STREET ADDRESS **32839 KNOLLWOOD LANE**
 CITY-ST-ZIP **ZEPHYRHILLS FL 33544**

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

TITLE **T** ☐ Delete
 NAME **CONARTON, WARNER**
 STREET ADDRESS **32700 KNOLLWOOD LA**
 CITY-ST-ZIP **ZEPHYRHILLS FL 33544**

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

REX HAWLEY
SIGNATURE REQUIRED

3-7-02

352-588-2775

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)