## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N10578

FILED Apr 30, 2009 Secretary of State

Entity Name: KNOLLWOOD ACRES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business: New Principal Place of Business:

KNOLLWOOD ACRES
ZEPHYRHILLS, FL 33544

KNOLLWOOD ACRES
ZEPHYRHILLS, FL 33545

Current Mailing Address: New Mailing Address:

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

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SCHMIDT, CATHI
32819 PEACHTREE LN
ZEPHYRHILLS, FL 33545 US
POWELL, DON
9702 SUNNY SLOPE LANE
ZEPHYRHILLS, FL 33545 US

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: DON POWELL 04/30/2009

Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP ( ) Delete Title: DP (X) Change ( ) Addition Name: SCHMIDT, CATHI Name: POWELL, DON Address: 32819 PEACHTREE LN Address: 9702 SUNNY SLOPE LANE

City-St-Zip: ZEPHYRHILLS, FL 33544 City-St-Zip: ZEPHYRHILLS, FL 33545

Title: VPS () Delete Title: () Change () Addition

 Name:
 PAPPAS, CHERIE
 Name:

 Address:
 32523 KNOLLWOOD LANE
 Address:

 City-St-Zip:
 ZEPHYRHILLS, FL 33545
 City-St-Zip:

Title: T () Delete Title: T (X) Change () Addition

 Name:
 CONARTON, ELLA
 Name:
 CONARTON, ELLA

 Address:
 32700 KNOLLWOOD LANE
 Address:
 32700 KNOLLWOOD LANE

 City-St-Zip:
 ZEPHYRHILLS, FL 33544
 City-St-Zip:
 ZEPHYRHILLS, FL 33545

Title: ( ) Delete Title: AP ( ) Change (X) Addition

 Name:
 Name:
 SCHMIDT, CATHI

 Address:
 Address:
 32819 PEACHTREE LANE

 City-St-Zip:
 City-St-Zip:
 ZEPHYRHILLS, FL 33545

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DON POWELL DP 04/30/2009