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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N19858**

1. Corporation Name
THE KNOLL-CENTURY HILL HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1401 W. MONTS DE OCA RD. AVON PARK FL 33825	1401 W. MONTS DE OCA RD. AVON PARK FL 33825

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 03/26/1987
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2484379 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MCCOLLUM, JAMES F. 129 S. COMMERCE AVENUE SEBRING FL 33870	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. *Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.*

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	RUESTER, WILLIAM		1.2 NAME		
STREET ADDRESS	14 CENTURY BLVD		1.3 STREET ADDRESS		
CITY-ST-ZIP	AVON PARK FL		1.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	2.1 TITLE	D	☐ Change ☐ Addition
NAME	BISHOP, HAROLD		2.2 NAME	GEORGE, EARL	
STREET ADDRESS	61 CENTURY BLVD.		2.3 STREET ADDRESS	43 CENTURY BLVD,	
CITY-ST-ZIP	AVON PARK FL 33825		2.4 CITY-ST-ZIP	AVON PARK, FL. 33825	
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	PARKER, ESTHER		3.2 NAME		
STREET ADDRESS	118 WINTER CIRCLE		3.3 STREET ADDRESS		
CITY-ST-ZIP	AVON PARK FL		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GRAVITT, MARIE L.		4.2 NAME		
STREET ADDRESS	29 CENTURY BLVD		4.3 STREET ADDRESS		
CITY-ST-ZIP	AVON PARK FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☐ Addition
NAME	BURKE, ROBERT		5.2 NAME	WOEHLERT, LAWRENCE	
STREET ADDRESS	84 CENTURY BLVD		5.3 STREET ADDRESS	27 CENTURY BLVD,	
CITY-ST-ZIP	AVON PARK FL		5.4 CITY-ST-ZIP	AVON PARK, FL. 33825	
TITLE	PD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	WENNER, THOMAS		6.2 NAME		
STREET ADDRESS	94 RALLY ROAD		6.3 STREET ADDRESS		
CITY-ST-ZIP	AVON PARK FL 33825		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Marina Gravitt Treasurer 1-14-99 941-453-2742
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #