

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 14, 2000 8:00 am
Secretary of State

02-14-2000 90127 040 ****61.25

DOCUMENT # N19858

1. Entity Name

THE KNOLL-CENTURY HILL HOMEOWNER'S ASSOCIATION,

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2484379

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCCOLLUM, JAMES F.
 129 S. COMMERCE AVENUE
 SEBRING FL 33870**

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

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

TITLE	VD	☒ Delete
NAME	RUESTER, WILLIAM	
STREET ADDRESS	14 CENTURY BLVD	
CITY-ST-ZIP	AVON PARK FL	
TITLE	D	☐ Delete
NAME	GEORGE, EARL	
STREET ADDRESS	43 CENTURY BLVD.	
CITY-ST-ZIP	AVON PARK FL 33825	
TITLE	SD	☒ Delete
NAME	PARKER, ESTHER	
STREET ADDRESS	118 WINTER CIRCLE	
CITY-ST-ZIP	AVON PARK FL	
TITLE	TD	☐ Delete
NAME	GRAVITT, MARIE L.	
STREET ADDRESS	29 CENTURY BLVD	
CITY-ST-ZIP	AVON PARK FL	
TITLE	D	☐ Delete
NAME	WOHLERT, LAWRENCE	
STREET ADDRESS	27 CENTURY BLVD.	
CITY-ST-ZIP	AVON PARK FL 33825	
TITLE	PD	☐ Delete
NAME	WENNER, THOMAS	
STREET ADDRESS	94 RALLY ROAD	
CITY-ST-ZIP	AVON PARK FL 33825	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	☒ Change ☐ Addition
NAME	BURKE, LORNA	
STREET ADDRESS	84 CENTURY BLVD.	
CITY-ST-ZIP	AVON PARK, FL. 33825	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	☒ Change ☐ Addition
NAME	BAKER, MARILYNN	
STREET ADDRESS	13 CENTURY BLVD.	
CITY-ST-ZIP	AVON PARK, FL. 33825	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Marie L. Gravitt* **MARIE L. GRAVITT-2-10-00-863-453-2742**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)