

2001 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N19858**

1. Entity Name

THE KNOLL-CENTURY HILL HOMEOWNER'S ASSOCIATION,

Principal Place of Business

**1401 W. MONTS DE OCA RD.
AVON PARK FL 33825**

Mailing Address

**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

Zip

Country

Zip

Country

4. FEI Number

59-2484379

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

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

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 NAME STREET ADDRESS CITY-ST-ZIP	VD BURKE, LORNA 84 CENTURY BLVD AVON PARK FL 33825	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GEORGE, EARL 43 CENTURY BLVD. AVON PARK FL 33825	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BAKER, MARILYNN 13 CENTURY BLVD AVON PARK FL 33825	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRAVITT, MARIE L 29 CENTURY BLVD AVON PARK FL	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOHLERT, LAWRENCE 27 CENTURY BLVD. AVON PARK FL 33825	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WENNER, THOMAS 94 RALLY ROAD AVON PARK FL 33825	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HART, GLORIA 82 CENTURY BLVD. AVON PARK, FL. 33825	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS 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: Marie L. Gravitt - MARIE L. GRAVITT - 1-11-01- 863-453-2742
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FILED
Jan 23, 2001 8:00 am
Secretary of State**

01-23-2001 90018 033 ****61.25

UUUUUJ00



DO NOT WRITE IN THIS SPACE

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CR2E037 (10/00)