

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 30, 2004 8:00 am
Secretary of State

01-30-2004 90064 025 ****61.25

DOCUMENT # N19858					
1. Entity Name THE KNOLL-CENTURY HILL HOMEOWNER'S ASSOCIATION, INC.					
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	HART, GLORIA		NAME		
STREET ADDRESS	82 CENTURY BLVD.		STREET ADDRESS		
CITY-ST-ZIP	AVON PARK FL 33825		CITY-ST-ZIP		
TITLE	D	☒ Delete	TITLE	☒ Change ☐ Addition	
NAME	BISHOP, HAROLD		NAME	Overfield JAN	
STREET ADDRESS	61 CENTURY BLVD		STREET ADDRESS	44 CENTURY BLVD.	
CITY-ST-ZIP	AVON PARK FL 33825		CITY-ST-ZIP	AVON PARK, FL. 33825	
TITLE	SD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	FETTE, ANN		NAME		
STREET ADDRESS	105 SOUTH RALLY ROAD		STREET ADDRESS		
CITY-ST-ZIP	AVON PARK FL 33825		CITY-ST-ZIP		
TITLE	TD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	GRAVITT, MARIE L.		NAME		
STREET ADDRESS	29 CENTURY BLVD		STREET ADDRESS		
CITY-ST-ZIP	AVON PARK FL		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	GOODEN, PRESTON		NAME		
STREET ADDRESS	38 CENTURY BLVD		STREET ADDRESS		
CITY-ST-ZIP	AVON PARK FL 33825		CITY-ST-ZIP		
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	METTERNICK, DAVID		NAME		
STREET ADDRESS	64 CENTURY BLVD		STREET ADDRESS		
CITY-ST-ZIP	AVON PARK FL 33825		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: <i>Marie L. Gravitt</i> - MARIE L. GRAVITT			Date: <i>1-24-04</i> - 863-452-1883		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Daytime Phone #		