

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90075 044 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2484379	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
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) DATE					
Filing Fee is \$61.25 Due by May 1, 2007		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	VD	☒ Change ☐ Addition
NAME	METTERNICK, CAROLYN		NAME	LEWIS, RICHARD	
STREET ADDRESS	64 CENTURY BLVD		STREET ADDRESS	59 CENTURY BLVD	
CITY-ST-ZIP	AVON PARK, FL 33825		CITY-ST-ZIP	AVON PARK, FL 33825	
TITLE	D	☒ Delete	TITLE	D	☐ Change ☒ Addition
NAME	LEWIS, RICHARD		NAME	OVERFIELD, JAN	
STREET ADDRESS	59 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	TD	☐ Change ☒ Addition
NAME	GRAVITT, MARIE L.		NAME	PARKER ESTHER M	
STREET ADDRESS	29 CENTURY BLVD		STREET ADDRESS	118 S. WINTER CIRCLE	
CITY-ST-ZIP	AVON PARK, FL		CITY-ST-ZIP	AVON PARK, FL 33825	
TITLE	D	☒ Delete	TITLE	D	☐ Change ☒ Addition
NAME	FISHER, SHARON		NAME	DILLARD, ROBERT	
STREET ADDRESS	68 CENTURY BLVD		STREET ADDRESS	111 S. WINTER CIRCLE	
CITY-ST-ZIP	AVON PARK, FL 33825		CITY-ST-ZIP	AVON PARK, FL 33825	
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	GITTLESON, BOB		NAME		
STREET ADDRESS	9 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 exemptions contained 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 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>Esther M. Parker</i> ESTHER M. PARKER 4/17/07 (863) 453-3138 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					