2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 07, 2008 8:00 am
Secretary of State
02-07-2008 90023 050 ****61.25

DOCUMENT # N19858

1. Entity 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

01272008 Chg-NP CR2E037 (12/06)

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 ☐ Applied For ☐ Not Applicable

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

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. 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, 2008

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D OVERFIELD, JAN 44 CENTURY BLVD AVON PARK, FL 33825	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LEWIS, RICHARD 59 CENTURY BLVD AVON PARK, FL 33825	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PARKER, ESTHER M 118 S. WINTER CIR. AVON PARK, FL 33825	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DILLARD, ROBERT 111 S. WINTER CIR. AVON PARK, FL 33825	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	HARBOUGH, ROBERT D 55 CENTURY BLVD. AVON PARK, FL 33825	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD FETTE, ANN 105 SOUTH RALLY ROAD AVON PARK, FL 33825	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GAUT, GLORIA 123 S. WINTER CIR, AVON PARK, FL 33825	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GITTLESON, BOB 9 CENTURY BLVD AVON PARK, FL 33825	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WENNER, THOMAS 44 RALLY ROAD AVON PARK FL 33825	☐ Change ☒ Addition

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: Esther M Parker 2/2/08 (863)453-3138
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #