
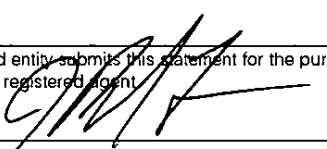
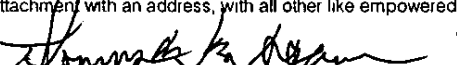


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 06, 2005 8:00 am**  
**Secretary of State**

05-06-2005 90095 017 \*\*\*\*61.25

<b>DOCUMENT # N20104</b> 1. Entity Name <b>THE KNOLLS OF KINGS POINT II CONDOMINIUM ASSOCIATION, INC.</b>					
Principal Place of Business <b>STERLING MANAGEMENT, INC.</b> <b>1701-B RICKENBACKER DRIVE</b> <b>SUN CITY CENTER FL 33573</b>			Mailing Address <b>STERLING MANAGEMENT, INC.</b> <b>1701-B RICKENBACKER DRIVE</b> <b>SUN CITY CENTER FL 33573</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>DE FURIO, JAMES R ESQ.</b> <b>101 E KENNEDY BLVD STE 3000</b> <b>TAMPA FL 33602</b>				<b>Law Offices of James R. De Furio, P.A.</b> <b>201 East Kennedy Boulevard</b> <b>Suite 1460</b> <b>Tampa, Florida 33602</b>	
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 		DATE <b>4-12-05</b>			
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)		DATE			
<b>FILE NOW: FEE IS \$61.25</b> <b>Due By May 1, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
		<b>Make Check Payable to</b> <b>Florida Department of State</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLIAMS, RONALD G		NAME	Burden, Bob	
STREET ADDRESS	322 KELSEY WY		STREET ADDRESS	303 Knottwood Ct.	
CITY-ST-ZIP	SUN CITY CENTER FL		CITY-ST-ZIP	Sun City Center, FL 33573	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE		
NAME	REID, KEN		NAME		
STREET ADDRESS	309 KELSEY WAY		STREET ADDRESS		
CITY-ST-ZIP	SUN CITY CENTER FL		CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE		
NAME	MEWHINNEY, DICK		NAME		
STREET ADDRESS	321 KNOTTWOOD CT		STREET ADDRESS		
CITY-ST-ZIP	SUN CITY CENTER FL		CITY-ST-ZIP		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		
NAME	WAGAMAN, TOM		NAME		
STREET ADDRESS	310 KNOTTWOOD CT.		STREET ADDRESS		
CITY-ST-ZIP	SUN CITY CENTER FL 33573		CITY-ST-ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE		
NAME	GOODWIN, WARREN		NAME		
STREET ADDRESS	309 KNOTTWOOD CT		STREET ADDRESS		
CITY-ST-ZIP	SUN CITY CENTER FL		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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.					
<b>SIGNATURE:</b>  <b>THOMAS W WAGAMAN</b> <b>5-2-05</b> <b>634 7870</b>					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					