2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

## DOCUMENT # N23691

1. Entity Name

## KNIGHTSBRIDGE RIVERFRONT VILLAS OWNERS

ASSOCIATIO	COO WE THE					
Principal Place of	Business	Mailing Address				
SIGNATURE RE 4003 HARTLEY JACKSONVILLI US	RD	SIGNATURE REA 4003 HARTLEY I JACKSONVILLE US	RD			
2. Principal Place	of Business - No P.O. Box #	3. Mailing Address				
Suite, Apt. #, e	lc.	Suite, Apt. #, etc.				
City & State		City & State				
Zip	Country	Zip	Country			
	6. Name and Address of Current	Registered Agent				
111	Name					

## **FILED** Mar 14, 2007 8:00 am **Secretary of State**

03-14-2007 90045 045 \*\*\*\*61.25

A33001	TION, INC.		600 M.F.						
Principal Place of Business Mailing Address									
4003 HARTLEY RD 400 JACKSONVILLE FL 32257 JA		4003 HARTLEY RD	JACKSONVILLE FL 32257						
2. Principal Place of Business - No P.O. Box # 3, M.		3. Mailing Address	Mailing Address			1911 <b>(516) 1</b> 910   1911   1			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		1st MOORE CR2E037 (10/06)				
City & State		City & State	City & State		4. FEI Number Applied Fo. 59-2808226 Not Applie				
Zip	Country	Zip	Country	5. Certificate of S	5. Certificate of Status Desired S8.75 Additional Fee Required				
	6. Name and Address of Current I	Registered Agent	<u> </u>	7. Name and Ad	dress of New Registere	d Agent			
CA	NTRELL		Name						
GANDRELL, BRYAN % SIGNATURE REALTY MGMT			Street Ad	Street Address (P.O. Box Number is Not Acceptable)					
	3 HARTLEY RD CKSONVILLE FL 32257			City FL Zip Code					
570	CASOINVIELE I E 32237		City				FL Zip Code		
8. The above	named entity submits this statement for	the purpose of changing its	registered office or r	registered agent, or both, ir	the State of Florida. I a	m familiar with	, and accept		
the obliga	tions of registered agent.	-///							
	Dry C / Bull				2/51	67			
SIGNATURE	Signature, typed or printed name of registerod agent a	and title if applicable. (NOTE	E: Registered Agent signature	e required when reinstating)	DATE	- <i>/</i> :			
						·			
	FILE NOW: FEE IS \$61.25	9 Flootion Con	nnaign Einanaiga	05.00	Mala Ob	-l. Dl.l-			
	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				
	Due by may 1, 2001			- Added to 1 des	riolida Depi	artinent or	State		
10.	OFFICERS AND DIR	ECTORS	11.	ADDITIONS/CHANG	ES TO OFFICERS AND I	DIRECTORS IN	V 10		
TITLE	PD	☐ Delete	THE	<del></del>	• •	Chance	Addition		
NAME MCMORROW, LINDA			NAME						
STREET ADDRESS	6750 EPPING FOREST WAY N., #1	113	STREET ADDRESS	- ,	•				
CITY-ST-ZIP JACKSONVILLE FL 32217			CITY - ST - ZIP						
HILLE	DVP	📈 Delele	III EE	DT ·	1 TIM	☐ Change	Addition		
NAME	GRANGE, LOUISE		NAME	LATITION	Fores	TWAY N	٠, ٠, ٠,		
STREET ADDRESS CITY-ST-ZIP	6750 EPPING FOREST WAY N #12	24	STREET ADDRESS CITY+ST-ZIP						
	JACKSONVILLE FL 32217			O ACKSONU	THE PL. 32				
TITLE NAMÉ	DST POUR	Delete	TITLE 1	DUP MEMORE	ow, Thoma	S □ Change	Addition		
STREET ADDRESS	HOWARD, DOUG 6750 EPPING FOREST WAY N		STREET ADDRESS	6750 E1	piny Fores	rway N	G-103		
CITY-SI-ZIP	JACKSONVILLE FL 32217		CITY-SI-ZIP	JACK SO	NUILE, FL	32217			
TITLE	J. O. CO. C.	☐ Delele	TITLE	<del></del>		☐ Change	Addition		
NAME		□ Delete	NAME			Vilange	/idailion		
STREET ADDRESS			STREET ADDRESS						
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IIILE		☐ Delete	TITLE	<del></del> .		Change	Addition		
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NAME OTIVIET ADODESO			NAME						
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS						
VIII VII AIF	1		CITY-ST-ZIP						

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 trustoc 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.

now Linda C. McMorrow 2/26/07 904-626-9900 **SIGNATURE**