FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 AM 8:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N39741** **(6)**

1. Current Name

THE KNOLLS OF KINGS POINT III CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
1904 CLUBHOUSE DR SUN CITY CENTER FL 33573	1904 CLUBHOUSE DR SUN CITY CENTER FL 33573

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **08/30/1990**
3a. Date of Last Report: **04/25/1994**
4. FEI Number: **59-3072369** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	
21	26	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
22	27	
City & State	City & State	
23	28	
Zip / Country	Zip / Country	
24 / 25	29 / 30	

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GREENE, ROBERT E 1904 CLUBHOUSE DR SUN CITY CENTER FL 33573	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	SD	11 TITLE	V/D	☒ Change ☐ Addition
NAME	O'BRIEN, EUGENE R	12 NAME		
STREET ADDRESS	120 KNOLL POINT DR	13 STREET ADDRESS	120 Knollpoint Dr.	
CITY ST ZIP	SUN CITY CENTER FL	14 CITY ST ZIP		
TITLE	D	21 TITLE	T/D	☒ Change ☐ Addition
NAME	BRESLIN, JOHN	22 NAME	Fabian, Alfred	
STREET ADDRESS	112 KNOLL POINT DR.	23 STREET ADDRESS	124 Knollpoint Dr.	
CITY ST ZIP	SUN CITY CENTER FL	24 CITY ST ZIP	Sun City Center FL	
TITLE	PD	31 TITLE		☒ Change ☐ Addition
NAME	SPERI, RALPH	32 NAME		
STREET ADDRESS	110 KNOLL POINT DR.	33 STREET ADDRESS	108 Knollpoint Dr.	
CITY ST ZIP	SUN CITY CENTER FL	34 CITY ST ZIP		
TITLE	TD	41 TITLE	D	☒ Change ☐ Addition
NAME	FULLERTON, OPAL	42 NAME		
STREET ADDRESS	114 KNOLL POINT DR.	43 STREET ADDRESS	114 Knollpoint Dr.	
CITY ST ZIP	SUN CITY CENTER FL	44 CITY ST ZIP		
TITLE	VD	51 TITLE	S/D	☒ Change ☐ Addition
NAME	MILLER, HUGH	52 NAME		
STREET ADDRESS	116 KNOLL POINT DR.	53 STREET ADDRESS	116 Knollpoint Dr.	
CITY ST ZIP	SUN CITY CENTER FL	54 CITY ST ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY ST ZIP		64 CITY ST ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Ralph R Speri 3-21-95 634-1968
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0013848