FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

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

1. Corporation 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

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

3. Date Incorporated or Qualified: 08/30/1990
3a. Date of Last Report: 05/01/1995
4. FEI Number: 59-3072369 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GREENE, ROBERT E
1904 CLUBHOUSE DR
SUN CITY CENTER FL 33573

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	☒ DELETE	1.1 TITLE	VD	☒ Change ☐ Addition
NAME	O'BRIEN, EUGENE R		1.2 NAME	FULLERTON, OPAL	
STREET ADDRESS	120 KNOLLPOINT DR		1.3 STREET ADDRESS	114 KNOLLPOINT DRIVE	
CITY-ST-ZIP	SUN CITY CENTER FL		1.4 CITY-ST-ZIP	SUN CITY CENTER, FL 33573	
TITLE	TD F	☐ DELETE	2.1 TITLE	TD	☒ Change ☐ Addition
NAME	ABIAN, ALFRED		2.2 NAME	FABIAN, AL	
STREET ADDRESS	124 KNOLLPOINT DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	SUN CITY CENTER FL		2.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	3.1 TITLE	SD	☒ Change ☐ Addition
NAME	SPERI, RALPH		3.2 NAME		
STREET ADDRESS	108 KNOLLPOINT DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	SUN CITY CENTER FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE	VD	☒ Change ☐ Addition
NAME	FULLERTON, OPAL		4.2 NAME		
STREET ADDRESS	114 KNOLLPOINT DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	SUN CITY CENTER FL		4.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	MILLER, HUGH		5.2 NAME		
STREET ADDRESS	116 KNOLLPOINT DR		5.3 STREET ADDRESS		
CITY-ST-ZIP	SUN CITY CENTER FL		5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	PD	☒ Change ☐ Addition
NAME			6.2 NAME	BECKER, EUGENE	
STREET ADDRESS			6.3 STREET ADDRESS	118 KNOLLPOINT DRIVE	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	SUN CITY CENTER, FL 33573	

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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)(k), 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: E. Becker EUGENE BECKER 03/08/96 633-2457
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #