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May 21 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33573-5912**



3. Date Incorporated or Qualified
08/30/1990

3a. Date of Last Report
04/30/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip Country

29 Zip Country

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

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VD** ☐ DELETE
NAME **FULLERTON, OPAL**
STREET ADDRESS **114 KNOLLPOINT DR**
CITY-ST-ZIP **SUN CITY CENTER FL 33573**

TITLE **TD** ☐ DELETE
NAME **FABIN, AL**
STREET ADDRESS **124 KNOLLPOINT DR**
CITY-ST-ZIP **SUN CITY CENTER FL 33573**

TITLE **SD** ☐ DELETE
NAME **SPERI, RALPH**
STREET ADDRESS **108 KNOLLPOINT DR**
CITY-ST-ZIP **SUN CITY CENTER FL**

TITLE **VD** ☒ DELETE
NAME **FULLERTON, OPAL**
STREET ADDRESS **114 KNOLLPOINT DR**
CITY-ST-ZIP **SUN CITY CENTER FL**

TITLE **D** ☐ DELETE
NAME **MILLER, HUGH**
STREET ADDRESS **118 KNOLLPOINT DR**
CITY-ST-ZIP **SUN CITY CENTER FL**

TITLE **PD** ☐ DELETE
NAME **BECKER, EUGENE**
STREET ADDRESS **118 KNOLLPOINT DR**
CITY-ST-ZIP **SUN CITY CENTER FL 33573**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/25/97
Date

633-2457
Daytime Phone # 0048426

CR2E037 (9/96)