


**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 18 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>1904 CLUBHOUSE DR SUN CITY CENTER FL 33573</b>	Mailing Address <b>1904 CLUBHOUSE DR SUN CITY CENTER FL 33573</b>
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3. Date Incorporated or Qualified  
**06/30/1990**

4. FEI Number  
**59-3072369**

Applied For	Not Applicable
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2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25.	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. Is this nonprofit corporation a home owners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  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	<b>ROBERT E. GREENE</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>90 FLORIDA LIFESTYLE MANAGEMENT</b>
83	<b>(Same)</b>
84 City	<b>FL</b>
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

TITLE	<b>VD</b>	<input type="checkbox"/> DELETE
NAME	<b>FULLERTON, OPAL</b>	
STREET ADDRESS	<b>114 KNOLLPOINT DR</b>	
CITY-ST-ZIP	<b>SUN CITY CENTER FL 33573</b>	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE
NAME	<b>FABIN, AL</b>	
STREET ADDRESS	<b>124 KNOLLPOINT DR</b>	
CITY-ST-ZIP	<b>SUN CITY CENTER FL 33573</b>	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>SPEER, RALPH</b>	
STREET ADDRESS	<b>108 KNOLLPOINT DR</b>	
CITY-ST-ZIP	<b>SUN CITY CENTER FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MILLER, HUGH</b>	
STREET ADDRESS	<b>116 KNOLLPOINT DR</b>	
CITY-ST-ZIP	<b>SUN CITY CENTER FL</b>	
TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>BECKER, EUGENE</b>	
STREET ADDRESS	<b>118 KNOLLPOINT DR</b>	
CITY-ST-ZIP	<b>SUN CITY CENTER FL 33573</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>SD</b>
3.3 STREET ADDRESS	<b>TERRILL, DAN</b>
3.4 CITY-ST-ZIP	<b>130 KNOLLPOINT DRIVE SUN CITY CENTER, FL</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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:** S Becker E. BECKER **03/02/98** **633-2457**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0047302

CR2E037 (10/97)