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**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90152 010 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N39741**

1. Corporation Name

**THE KNOLLS OF KINGS POINT III CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

**1904 CLUBHOUSE DR  
SUN CITY CENTER FL 33573**

Mailing Address

**1904 CLUBHOUSE DR  
SUN CITY CENTER FL 33573**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

**08/30/1990**

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

9. Name and Address of Current Registered Agent

**GREENE, ROBERT E  
C/O FLORIDA LIFESTYLE MANAGEMENT  
1904 CLUBHOUSE DRIVE  
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 **TERRILL, DAN**  
STREET ADDRESS **130 KNOLLPOINT DRIVE**  
CITY-ST-ZIP **SUN CITY CENTER FL**

TITLE **D** ☐ DELETE  
NAME **MILLER, HUGH**  
STREET ADDRESS **116 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**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **VD** ☒ Change ☐ Addition  
1.2 NAME **RICHARD FABIAN**  
1.3 STREET ADDRESS **126 KNOLLPOINT**  
1.4 CITY-ST-ZIP **SUN CITY CENTER, FL**

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 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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**03/19/99 813-633-2957**

Date

Daytime Phone #

CR2E037 (11/98)