

2000 UNIFORM BUSINESS REPORT (UBR)

6/

DOCUMENT # N39741

1. Entity Name

THE KNOLLS OF KINGS POINT III CONDOMINIUM ASSOCI

FILED
Aug 24, 2000 8:00 am
Secretary of State

06-23-2000 90107 031 ***61.25

Principal Place of Business

1804 CLUBHOUSE DR
SUN CITY CENTER FL 33573

Mailing Address

1904 CLUBHOUSE DR
SUN CITY CENTER FL 33573-5912

2. Principal Officer
Sterling Management, Inc.

723 Imar Drive
Sun City Center, FL 33573

3. Mailing Officer
Sterling Management, Inc.

723 Imar Drive
Sun City Center, FL 33573

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3072369

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GREENE, ROBERT E
C/O FLORIDA LIFESTYLE MANAGEMENT
1904 CLUBHOUSE DRIVE
SUN CITY CENTER FL 33573

7. Name and Address of New Registered Agent

Brian L. May/Sterling Management
723 Imar Drive
Sun City Center, FL 33573

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	✓	VD	☐ Delete
NAME		FABIANO, RICHARD	
STREET ADDRESS		128 KNOLLPOINT	
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		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	
TITLE			☐ Delete
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☒ Change ☐ Addition
NAME	Director
STREET ADDRESS	Lucielle McDonald
CITY-ST-ZIP	140 Knollpoint Dr. Sun City Center, FL 33573
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ Change ☐ Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 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

Date

Daytime Phone #

CR2E037 (9/99)