

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90360 048 ****61.25

DOCUMENT # N39741

1. Entity Name

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



Principal Place of Business

**STERLING MANAGEMENT INC
1701-B RICKENBACKER DRIVE
SUN CITY CENTER FL 33573**

Mailing Address

**STERLING MANAGEMENT INC
1701-B RICKENBACKER DRIVE
SUN CITY CENTER FL 33573**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

59-3072369

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FURIO, JAMES R
101 E. KENNEDY BLVD. SUITE 1030
TAMPA FL 33602**

Name

Street Addr

**James R. Defurio, Esquire
101 E. Kennedy Blvd. Suite 3000
Tampa, FL 33602**

City

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. I am familiar with, and accept the obligations of registered agent.

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
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Delete
NAME **VD**
STREET ADDRESS **FABIANO, RICHARD**
CITY-ST-ZIP **126 KNOLLPOINT
SUN CITY CENTER FL 33573**

TITLE ☐ Change ☒ Addition
NAME **D Schaffer, Dietrich**
STREET ADDRESS **313 Kinneret Wy**
CITY-ST-ZIP **Sun City Center, FL 33573**

TITLE ☐ Delete
NAME **TD**
STREET ADDRESS **CURRIE, PHILLIP**
CITY-ST-ZIP **311 KINNERET WAY
SUN CITY CENTER FL 33573**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **SD**
STREET ADDRESS **ROBERGE, JERRY**
CITY-ST-ZIP **132 KNOLLPOINT DR
SUN CITY CENTER FL 33573**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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:

E. Becker

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/13/04

Date

Daytime Phone #