2007 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # N39741

1. Entity Name
THE KNOLLS OF KINGS POINT III CONDOMINIUM ASSOCIATION, INC.



400031~~

FILED

Apr 17, 2007 8:00 am Secretary of State

04-17-2007 90048 043 ****61.25

STERLING MANAGEMENT INC 1701-B RICKENBACKER DRIVE SUN CITY CENTER, FL 33573 2. Principal Place of Business - No P.O. Box #		STERLING MANAGEMENT INC 1701-B RICKENBACKER DRIVE SUN CITY CENTER, FL 33573 3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				02022007 C	hg-NP	CR2E037	(12/06)	
City & State		City & State			1	4. FEI Number 59-307236		73039	—	oplied For ot Applicable
Zip	Country	Zip	Cou	untry		5. Certificate of S	tatus Desired		8.75 Add ee Require	
	6. Name and Address of Current	Registered Agent				7. Name and Add	ress of New Re	gistered Ag	jent	
				Name						
	, JAMES R ESQ NNEDY BLVD.			Street Address (P.O. Box Number is Not Acceptable)						
TAMPA, F	L 33602									
				City				FL	Zip Cod	olied For Applicable tional
	named entity submits this statement for ions of registered agent.		·		_		the State of Flor		miliar with,	and accept
	Signature, typed or printed name of registered agent	and title if applicable.	(NOTE: Registere	d Agent signatu	re required	when reinstating)		DATE		
<u>.</u>	Filing Fee Is \$61.25 Due by May 1, 2007		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 DI	RECTORS	11.		A	DDITIONS/CHANG	ES TO OFFICER	S AND DIRE	CTORS IN	10
TITLE NAME STREET ADDRESS	VPD SCHAEFER, DIETRICH 313 KINNERET WAY	RECTORS Delete	E TITLI NAM Stri	IE EET AOORESS	PD Fabi	ano, Richo Knolipola	ud H Dr	[CTORS IN	Addition
TITLE NAME	VPD SCHAEFER, DIETRICH	☐ Defeti	NAM STRI	IE EET ADORESS '-ST-ZIP	PD Fabi 126 Sun	ano, Richo Knolipoin City Cento	ud H Dr. Cr, FL 33	573	Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SCHAEFER, DIETRICH 313 KINNERET WAY SUN CITY CENTER, FL 33573		NAM STRI	IE EET ADORESS '-ST-ZIP	PD Fabi 126 Sun	ano, Richo Knolipoin City Cento	ud H Dr. Cr, FL 33	573		
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TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS	VPD SCHAEFER, DIETRICH 313 KINNERET WAY SUN CITY CENTER, FL 33573 TD CURRIE, PHIILLIP 311 KINNERET WAY	☐ Defeti	E TITLE NAM STRI CITY TITLE NAM STRI CITY	EET ADDRESS ST-ZIP EET ADDRESS ST-ZIP	PD Fabi 126 Sun	ano, Richa Knollpoin City Centa Yer, Eugen Knollpoin	ud H Dr. Cr, FL 33	573 573	Change	Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

STONATURE AND TYPED OF FRINTED NAME OF STGNING OFFICER OR DIRECTOR

SIGNATURE:

(813)642-8999 Daytime Phone #