

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 23, 2003 8:00 am
Secretary of State

04-23-2003 90156 047 *****61.25

DOCUMENT # N39741

1. Entity Name

THE KNOLLS OF KINGS POINT III CONDOMINIUM ASSOCIATION, INC.



*****New Address*****

Sterling Management
1701-B Rickenbacker Drive
Sun City Center, FL 33573

*****New Address*****

Sterling Management
1701-B Rickenbacker Drive
Sun City Center, FL 33573



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-3072369		Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable
City & State		City & State		5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
Zip	Country	Zip	Country			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent		
BECKER & POLIAKOFF, P.A. 2401 WEST BAY DRIVE, STE 414 LARGO FL 33770				Name		
				Street A		
				City		
				Zip Code		
			James R. De Furio, Esquire 101 E. Kennedy Blvd., Suite 1030 Tampa, FL 33602			

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)

MAR 25 2003

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
Florida Department of State**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	VD	TITLE	TD
NAME	FABIANO, RICHARD	NAME	Currie, Phillip
STREET ADDRESS	126 KNOLLPOINT	STREET ADDRESS	311 Kinneret Way
CITY-ST-ZIP	SUN CITY CENTER FL 33573	CITY-ST-ZIP	Sun City Center, FL 33573
TITLE	TD	TITLE	
NAME	MCDONALD, LUCILLE	NAME	
STREET ADDRESS	140 KNOLLPOINT DR	STREET ADDRESS	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	CITY-ST-ZIP	
TITLE	SD	TITLE	
NAME	ROBERGE, JERRY	NAME	
STREET ADDRESS	132 KNOLLPOINT DR	STREET ADDRESS	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	CITY-ST-ZIP	
TITLE	PD	TITLE	
NAME	BECKER, EUGENE	NAME	
STREET ADDRESS	118 KNOLLPOINT DR	STREET ADDRESS	
CITY-ST-ZIP	SUN CITY CENTER FL 33573	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 of Phillip Currie

4 Mar 03

6334078

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/02)