FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION
ANNUAL REPORT
1995

DEPARTMENT OF STATE
Division of Corporations
Tallahassee, Florida

APPROVED AND FILED

95 MAY -1 PM 12:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000002823 (3)
1. Corporate Name

KNIGHTSBRIDGE HOMEOWNERS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business
600 FIFTH AVENUE SOUTH
STE. 210
NAPLES FL 33940

Mailing Address
600 FIFTH AVENUE SOUTH
STE. 210
NAPLES FL 33940

3. Date Incorporated or Qualified: 06/23/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0418456 — Applied For / Not Applicable

2. Principal Place of Business — 21 — Suite, Apt. #, etc. — 22 — City & State — 23 — Zip — 24 — Country — 25
2a. Mailing Address — 26 — Suite, Apt. #, etc. — 27 — City & State — 28 — Zip — 29 — Country — 30

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
BRUGGER, CAROL R
600 FIFTH AVENUE SOUTH
STE. 210
NAPLES FL 33940

10. Name and Address of New Registered Agent
B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City — FL — B5 Zip Code

11. Pursuant to the provisions of Section 607.0505 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE — Registered Agent — DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	BRUGGER, JOHN N.
ADDRESS	600 5TH AVE S., STE 210
CITY, ST, ZIP	NAPLES FL
TITLE	~~DX~~
NAME	~~STEINER, ARLETTE~~
ADDRESS	~~600 FIFTH AVENUE SOUTH STE 210~~
CITY, ST, ZIP	~~NAPLES FL 33940~~
TITLE	~~DX~~
NAME	~~HUMAN, ANDREA~~
ADDRESS	~~600 FIFTH AVENUE SOUTH STE 210~~
CITY, ST, ZIP	~~NAPLES FL 33940~~
TITLE	
NAME	
ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

TITLE	PD ☐ Change ☒ Addition
NAME	BRUGGER, JOHN N.
ADDRESS	600 Fifth Avenue South
CITY, ST, ZIP	Naples, Florida 33940
TITLE	DV ☒ Change ☐ Addition
NAME	STEINER, ARLETTE
ADDRESS	600 Fifth Avenue South, #210
CITY, ST, ZIP	Naples, Florida 33940
TITLE	DST ☒ Change ☐ Addition
NAME	BREHM, REBECCA
ADDRESS	600 Fifth Avenue South, #210
CITY, ST, ZIP	Naples, Florida 33940
TITLE	☐ Change ☐ Addition
NAME	
ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
ADDRESS	
CITY, ST, ZIP	
TITLE	☐ Change ☐ Addition
NAME	
ADDRESS	
CITY, ST, ZIP	

14. I hereby certify that the information supplied with this report, voluntarily furnished and does not apply for the exemption stated in Section 119.07(3)(i), Florida Statutes. Further, I certify that the information shown on the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an asterisk.

SIGNATURE: — SIGNATURE AND TYPED OR PRINTED NAME OF HOMING OFFICER OR DIRECTOR: John N. Brugger, President — Date: 4-27-95 — Daytime Phone: (813)263-6000

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