

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N93000002823 (3)**

1. Corporation Name

KNIGHTSBRIDGE HOMEOWNERS ASSOCIATION, INC.



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: **05/01/1995**

2. Principal Place of Business: **21 600 Fifth Avenue South**
Suite, Apt. #, etc.: **22 Suite 207**
City & State: **23 Naples, FL**
Zip: **24 33940** Country: **25 USA**

2a. Mailing Address: **26 600 Fifth Avenue South**
Suite, Apt. #, etc.: **27 Suite 207**
City & State: **28 Naples, FL**
Zip: **29 33940** Country: **30 USA**

4. FEI Number: **65-0418456**
Applied For: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
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
81 Name: **Carol R. Brugger**
82 Street Address (P.O. Box Number is Not Acceptable): **600 Fifth Avenue South**
83 Suite: **Suite 207**
84 City: **Naples** FL 85 Zip Code: **33940**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Carol R. Brugger* DATE: **April 16, 1996**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	BRUGGER, JOHN N.	
STREET ADDRESS	600 5TH AVE S., STE 210	
CITY-ST-ZIP	NAPLES FL	
TITLE	DV	<input type="checkbox"/> DELETE
NAME	STEINER, ARLETTE	
STREET ADDRESS	C/O 600 FIFTH AVENUE SOUTH STE. 210	
CITY-ST-ZIP	NAPLES FL	
TITLE	DST	<input checked="" type="checkbox"/> DELETE
NAME	BREHM, REBECCA	
STREET ADDRESS	C/O 600 FIFTH AVENUE SOUTH STE. 210	
CITY-ST-ZIP	NAPLES FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Brugger, John N.	
1.3 STREET ADDRESS	600 Fifth Avenue South, #207	
1.4 CITY-ST-ZIP	Naples, FL 33940	
2.1 TITLE	DV	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Steiner, Arlette	
2.3 STREET ADDRESS	600 Fifth Avenue South, #207	
2.4 CITY-ST-ZIP	Naples, FL 33940	
3.1 TITLE	DST	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Stier, Eric	
3.3 STREET ADDRESS	600 Fifth Avenue South, #207	
3.4 CITY-ST-ZIP	Naples, FL 33940	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *John N. Brugger* DATE: **April 16, 1996** Daytime Phone #: **941-263-6000**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **John N. Brugger, President**

CR2E037 (12/95)