

# 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

Mailing Address

**600 FIFTH AVENUE SOUTH  
STE-210  
NAPLES FL 33940**

**600 FIFTH AVENUE SOUTH  
STE-210  
NAPLES FL 33940**

2. Principal Place of Business

2a. Mailing Address

**21 600 Fifth Avenue South**

**26 600 Fifth Avenue South**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 Suite 207**

**27 Suite 207**

City & State

City & State

**23 Naples, FL**

**28 Naples, FL**

Zip

Country

Zip

Country

**24 33940**

**25 USA**

**29 33940**

**30 USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BRUGGER, CAROL R  
600 FIFTH AVENUE SOUTH  
STE-210  
NAPLES FL 33940**

**81 Name  
Carol R. Brugger**

**82 Street Address (P.O. Box Number is Not Acceptable)  
600 Fifth Avenue South**

**83 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*

**April 16, 1996**

Signature, typed or printed name of registered agent and title, if applicable

(Not a Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>BRUGGER, JOHN N.</b>	
STREET ADDRESS	<b>600 5TH AVE S., STE 210</b>	
CITY - ST - ZIP	<b>NAPLES FL</b>	
TITLE	<b>DV</b>	<input type="checkbox"/> DELETE
NAME	<b>STEINER, ARLETTE</b>	
STREET ADDRESS	<b>C/O 600 FIFTH AVENUE SOUTH STE. 210</b>	
CITY - ST - ZIP	<b>NAPLES FL</b>	
TITLE	<b>DST</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>BRENN, REBECCA</b>	
STREET ADDRESS	<b>C/O 600 FIFTH AVENUE SOUTH STE. 210</b>	
CITY - ST - ZIP	<b>NAPLES FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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	<b>PD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Brugger, John N.</b>	
1.3 STREET ADDRESS	<b>600 Fifth Avenue South, #207</b>	
1.4 CITY - ST - ZIP	<b>Naples, FL 33940</b>	
2.1 TITLE	<b>DV</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>Steiner, Arlette</b>	
2.3 STREET ADDRESS	<b>600 Fifth Avenue South, #207</b>	
2.4 CITY - ST - ZIP	<b>Naples, FL 33940</b>	
3.1 TITLE	<b>DST</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	<b>Stier, Eric</b>	
3.3 STREET ADDRESS	<b>600 Fifth Avenue South, #207</b>	
3.4 CITY - ST - ZIP	<b>Naples, FL 33940</b>	
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*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**John N. Brugger, President**

**April 16, 1996**

Date

Daytime Phone #

**941-263-6000**

CR2E037 (12/95)