

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 03 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000002823 (3)

1. Corporation Name
KNIGHTSBRIDGE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 600 FIFTH AVENUE SOUTH SUITE 207 NAPLES FL 33940 US	Mailing Address 600 FIFTH AVENUE SOUTH SUITE 207 NAPLES FL 33940 US
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/23/1993	3a. Date of Last Report 04/22/1996
4. FEI Number 65-0418456	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 C/O Dickinson Management Suite, Apt. #, etc. 22 11920 Fairway Lakes Dr. #2 City & State 23 Ft. Myers, FL Zip 24 33913	2a. Mailing Address 26 C/O Dickinson Management Inc. Suite, Apt. #, etc. 27 11920 Fairway Lakes Dr. #2 City & State 28 Ft. Myers, FL Zip 29 33913	Country 25 U.S.A.	Country 30 U.S.A.
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9. Name and Address of Current Registered Agent

BRUGGER, CAROL R
600 FIFTH AVENUE SOUTH
SUITE 207
NAPLES FL 33940

10. Name and Address of New Registered Agent

81. Name J. Dudley Goodlette
82. Street Address (P.O. Box Number is Not Acceptable) 4001 Tamiami Trail North
83. Suite Suite #300
84. City Naples
85. Zip Code FL 34103

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BRUGGER, JOHN N. 600 FIFTH AVENUE SOUTH SUITE 207 NAPLES FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV STEINER, ARLETTE 600 FIFTH AVENUE SOUTH SUITE 207 NAPLES FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST BREHM, REBECCA 600 FIFTH AVENUE SOUTH SUITE 207 NAPLES FL	<input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	PD Mangan, Jeffery 2700 Pine Ridge Road Naples, FL 34105	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	VD Henderlong, Rich 2700 Pine Ridge Road Naples, FL 34105	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	SD Spivey, Blaine 2700 Pine Ridge Road Naples, FL 34105	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	TD Maurais, Tim 2700 Pine Ridge Road Naples, FL 34105	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	D Mullins, Larry 2700 Pine Ridge Road Naples, FL 34105	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do 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 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 or changed, or an attachment with an address.

SIGNATURE _____ SIGNATURE REQUIRED

CR2E037 (4/97)