

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).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Sep 03 1997 8:00am  
Secretary of State

DOCUMENT # N93000002823 (3)

1. Corporation Name

KNIGHTSBRIDGE HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

600 FIFTH AVENUE SOUTH  
SUITE 207  
NAPLES FL 33940  
US

600 FIFTH AVENUE SOUTH  
SUITE 207  
NAPLES FL 33940  
US

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

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 C/O Dickinson Management

26 C/O Dickinson Management Inc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 11920 Fairway Lakes Dr. #2

27 11920 Fairway Lakes Dr. #2

City & State

City & State

23 Ft. Myers, FL

28 Ft. Myers, FL

Zip

Country

24 33913

25

U.S.A.

Zip

Country

29 33913

30

U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

81. Name

J. Dudley Goodlette

82. Street Address (P.O. Box Number is Not Acceptable)

4001 Tamiami Trail North

83

Suite #300

84

City  
Naples

FL

85 Zip Code  
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE  
NAME BRUGGER, JOHN N.  
STREET ADDRESS 600 FIFTH AVENUE SOUTH SUITE 207  
CITY-ST-ZIP NAPLES FL

TITLE DV ☒ DELETE  
NAME STEINER, ARLETTE  
STREET ADDRESS 600 FIFTH AVENUE SOUTH SUITE 207  
CITY-ST-ZIP NAPLES FL

TITLE DST ☒ DELETE  
NAME BREHM, REBECCA  
STREET ADDRESS 600 FIFTH AVENUE SOUTH SUITE 207  
CITY-ST-ZIP NAPLES FL

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE ☐ Change ☒ Addition  
1.2 NAME PD Mangan, Jeffery  
1.3 STREET ADDRESS 2700 Pine Ridge Road  
1.4 CITY-ST-ZIP Naples, FL 34105

2.1 TITLE ☐ Change ☒ Addition  
2.2 NAME VD Henderlong, Rich  
2.3 STREET ADDRESS 2700 Pine Ridge Road  
2.4 CITY-ST-ZIP Naples, FL 34105

3.1 TITLE ☐ Change ☒ Addition  
3.2 NAME SD Spivey, Blaine  
3.3 STREET ADDRESS 2700 Pine Ridge Road  
3.4 CITY-ST-ZIP Naples, FL 34105

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME TD Maurais, Tim  
4.3 STREET ADDRESS 2700 Pine Ridge Road  
4.4 CITY-ST-ZIP Naples, FL 34105

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME D Mullins, Larry  
5.3 STREET ADDRESS 2700 Pine Ridge Road  
5.4 CITY-ST-ZIP Naples, FL 34105

6.1 TITLE ☐ Change ☐ 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 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 if changed, or as an attachment with an address.

SIGNATURE SIGNATURE REQUIRED

CR2E037 (4/97)