


FILE NOW: FILING FEE IS \$61.25

FILED  
May 14 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N93000002823 (3)**  
1. Corporation Name  
**KNIGHTSBRIDGE HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business <b>% DICKINSON MGMT INC 11820 FAIRWAY LKS DR #2 FT MYERS FL 33913 US</b>	Mailing Address <b>% DICKINSON MGMT INC 11820 FAIRWAY LKS DR #2 FT MYERS FL 33913 US</b>
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3. Date Incorporated or Qualified <b>06/23/1993</b>	
4. FEI Number <b>65-0418456</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 <b>1044 Castello Drive</b> Suite, Apt. #, etc 22 <b>Suite 206</b> City & State 23 <b>Naples, FL</b> Zip 24 <b>34103</b>	2a. Mailing Address 26 <b>1044 Castello Drive</b> Suite, Apt. #, etc. 27 <b>Suite 206</b> City & State 28 <b>Naples, FL</b> Zip 29 <b>34103</b>	Country 25 <b>USA</b>	Country 30 <b>USA</b>
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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	

9. Name and Address of Current Registered Agent  
**GOODLETTE, J DUDLEY  
4001 TAMAMI TRL N #300  
NAPLES FL 34103**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MANGAN, JEFFERY</b>	1.2 NAME	
STREET ADDRESS	<b>2700 PINE RIDGE RD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>DV</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HENDERLONG, RICH</b>	2.2 NAME	
STREET ADDRESS	<b>2700 PINE RIDGE RD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>SD</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SPIVEY, BLAINE</b>	3.2 NAME	
STREET ADDRESS	<b>2700 PINE RIDGE RD</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MAURAS, TIM</b>	4.2 NAME	
STREET ADDRESS	<b>2700 PINE RIDGE RD</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MULLINS, LARRY</b>	5.2 NAME	
STREET ADDRESS	<b>2700 PINE RIDGE RD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>NAPLES FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 reports 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: \_\_\_\_\_ DATE: **4/17/98**

CF2E037 (10/97)