

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000002823

1. Entity Name

KNIGHTSBRIDGE HOMEOWNERS ASSOCIATION, INC.

FILED
May 22, 2000 8:00 am
Secretary of State

05-22-2000 90024 027 ****61.25

Principal Place of Business

Mailing Address

1044 CASTELLO DR
 SUITE 206
 NAPLES FL 34103
 US

1044 CASTELLO DR
 SUITE 206
 NAPLES FL 34103-1900
 US

2. Principal Place of Business

3. Mailing Address

2700 Pine Ridge Rd
 Suite, Apt. #, etc.

2700 Pine Ridge Rd
 Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State

Naples, FL

City & State

Naples, FL

4. FEI Number

65-0418456

Applied For

Not Applicable

Zip

Country

34105

Zip

Country

34105

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOODLETTE, J DUDLEY
4001 TAMIAMI TRL N #300
NAPLES FL 34103

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|--------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | MANGAN, JEFFERY | |
| STREET ADDRESS | 2700 PINE RIDGE RD | |
| CITY-ST-ZIP | NAPLES FL | |
| TITLE | DV | <input type="checkbox"/> Delete |
| NAME | HENDERLONG, RICH | |
| STREET ADDRESS | 2700 PINE RIDGE RD | |
| CITY-ST-ZIP | NAPLES FL | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | MAURAS, TIM | |
| STREET ADDRESS | 2700 PINE RIDGE RD | |
| CITY-ST-ZIP | NAPLES FL | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | SPIVEY, BLAINE | |
| STREET ADDRESS | 2700 PINE RIDGE RD | |
| 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 | | |

| | | |
|----------------|--|---|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *[Signature]* SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/00 Date *941-514-4301* Daytime Phone #

CR2E037 (9/99)