

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 24 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000003468 (5)

1. Corporation Name

KNIGHTSBRIDGE VILLAGE HOMEOWNERS ASSOCIATION, INC



Principal Place of Business

Mailing Address

4400 W SAMPLE ROAD  
SUITE 200  
COCONUT CREEK FL 33073-34504400 W SAMPLE ROAD  
SUITE 200  
COCONUT CREEK FL 33073-34733. Date Incorporated or Qualified  
07/14/19943a. Date of Last Report  
04/24/1996

2. Principal Place of Business

21 4691 N. University Dr

Suite, Apt. #, etc.  
43822 City & State  
Coral Springs FL23 Zip Country  
33067 USA

24 33067 25 USA

2a. Mailing Address

26 4691 N. University Dr

Suite, Apt. #, etc.  
43827 City & State  
Coral Springs FL28 Zip Country  
33067 USA

29 33067 30 USA

4. FEI Number  
65-0579423

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐\$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MINTO COMMUNITIES, INC.  
ATTN: MICHAEL GREENBERG  
4400 W SAMPLE ROAD, SUITE 200  
COCONUT CREEK FL 33073-3450

81 Name

JACK FALIK

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

11453 NW 48th Ct

83

84 City

Coral Springs

FL

85 Zip Code

33076

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

JACK FALIK PRES

4-18-97

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 VD ☒ DELETE  
NAME LANGLOIS, FRANK  
STREET ADDRESS 4400 W SAMPLE ROAD, SUITE 200  
CITY-ST-ZIP COCONUT CREEKTITLE STD ☒ DELETE  
NAME RODGERS, FRANK  
STREET ADDRESS 4400 W SAMPLE ROAD, SUITE 200  
CITY-ST-ZIP COCONUT CREEK FLTITLE PD ☒ DELETE  
NAME BEER, T R  
STREET ADDRESS 4400 W SAMPLE ROAD, SUITE 200  
CITY-ST-ZIP COCONUT CREEK FL 33073-3450TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP1.1 TITLE VD ☐ Change ☒ Addition  
1.2 NAME RICHARD CHAMBERLAIN  
1.3 STREET ADDRESS 11428 NW 49th Dr  
1.4 CITY-ST-ZIP Coral Springs FL 330762.1 TITLE STD ☐ Change ☒ Addition  
2.2 NAME ADAM ROSENBERG  
2.3 STREET ADDRESS 4738 NW 115 Terr  
2.4 CITY-ST-ZIP Coral Springs, FL 330763.1 TITLE PD ☐ Change ☒ Addition  
3.2 NAME JACK FALIK  
3.3 STREET ADDRESS 11453 NW 48th Ct  
3.4 CITY-ST-ZIP Coral Springs, FL 330764.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP6.1 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 on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0026148

CR2E037 (9/96)