

FILE NOW: FILING FEE IS \$61.25

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Apr 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000003468 (5)**

1. Corporation Name

KNIGHTSBRIDGE VILLAGE HOMEOWNERS ASSOCIATION, INC



Principal Place of Business	Mailing Address
4691 N. UNIVERSITY DR 438 CORAL SPRINGS FL 33067 US	4691 N. UNIVERSITY DR 438 CORAL SPRINGS FL 33067 US

3. Date Incorporated or Qualified	07/14/1994
4. FEI Number	65-0579423
Applied For	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

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
7. Is this nonprofit corporation a homeowners association?	<input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

FALIK, JACK
11453 NW 48TH CT
4400 W SAMPLE ROAD, SUITE 200
CORAL SPRINGS FL 33076

10. Name and Address of New Registered Agent

81 Name	Jules Bergman
82 Street Address (P.O. Box Number is Not Acceptable)	11417 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

[Signature]

(NOTE: Registered Agent signature required when relinquishing)

3/19/98

12. OFFICERS AND DIRECTORS		
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	CHAMBERLAIN, RICHARD	
STREET ADDRESS	11428 NW 49TH DR	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	ROSENBERG, ADAM	
STREET ADDRESS	4738 NW 115TH TERRACE	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	FALIK	
STREET ADDRESS	11453 NW 48TH CT	
CITY-ST-ZIP	CORAL SPRINGS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	Calderazzo, Jim	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	President	
1.3 STREET ADDRESS	11466 NW 48th Ct. Coral Springs,	
1.4 CITY-ST-ZIP	FL 33076	
2.1 TITLE	Vice President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Petty, Scott	
2.3 STREET ADDRESS	4755 NW 114th Ln.	
2.4 CITY-ST-ZIP	Coral Springs, FL 33076	
3.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Bergman, Jules	
3.3 STREET ADDRESS	11417 NW 48th Ct.	
3.4 CITY-ST-ZIP	Coral Springs, FL 33076	
4.1 TITLE	Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Messing, Brenda	
4.3 STREET ADDRESS	4745 NW 115th Ave.	
4.4 CITY-ST-ZIP	Coral Springs, FL 33076	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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 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]

3/18/98

954/321-9991

CR2E037 (10/97)