

FILE NOW: FILING FEE IS \$61.25

AMENDED ANNUAL REPORT

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 194000003468

1. Corporation Name  
KNIGHTS BRIDGE VILLAGE  
HOMEOWNER ASSOCIATION INC.

Principal Place of Business

Mailing Address

4630 N. UNIVERSITY DR.  
PMB 43B  
CORAL SPRINGS, FL 33067

FILED

99 SEP -2 AM 11:32

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA000002982820--9  
-09/09/99--01073--014  
\*\*\*\*\*61.25 \*\*\*\*\*61.25

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		7-14-94	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0579423	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	Trust Fund Contribution	
24		29		10. Name and Address of New Registered Agent	
9. Name and Address of Current Registered Agent				81 Name	
Jules Bergman				KAYE & ROGA PA	
11417 NW 48th Ct.				82 Street Address (P.O. Box Number is Not Acceptable)	
Coral Springs FL 33076				6261 NW 6th Way	
				83 Suite 103	
				84 City	
				Fort Lauderdale FL	
				85 Zip Code	
				33309	

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

Robert Kaye, President

8-31-99

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 '92	
TITLE	P/D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	JAMES CALDERAZZO	1.2 NAME	PHILIP A. JAEGER
STREET ADDRESS	11466 NW 48th CT	1.3 STREET ADDRESS	4861 NW 115th AVE
CITY-ST-ZIP	CORAL SPRINGS, FL 33076	1.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33076
TITLE	V/D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SCOTT PETTY	2.2 NAME	NEVILLE VICKERS
STREET ADDRESS	4755 NW 114th LANE	2.3 STREET ADDRESS	4745 NW 115th TERR
CITY-ST-ZIP	CORAL SPRINGS, FL 33076	2.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33076
TITLE	S/D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BRENDA MOSSING	3.2 NAME	MEREDITH GRABAU
STREET ADDRESS	4745 NW 115th AVE	3.3 STREET ADDRESS	11483 NW 48th CT.
CITY-ST-ZIP	CORAL SPRINGS, FL 33076	3.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33076
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	GARSON MONTES
STREET ADDRESS		4.3 STREET ADDRESS	4739 NW 114th DR.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33076
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	JOSE TIMURCIO
STREET ADDRESS		5.3 STREET ADDRESS	11446 NW 49th DR.
CITY-ST-ZIP		5.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33076
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	CLARK ZEN
STREET ADDRESS		6.3 STREET ADDRESS	11481 NW 49th DR.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33076

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, with all other like empowered.

SIGNATURE:

PHILIP A. JAEGER

Date

Daytime Phone #

8-18-99 9548455721

CR2E037 (11/98)