## 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

## DOCUMENT # N94000003468

1. Entity Name

KNIGHTSBRIDGE VILLAGE HOMEOWNERS ASSOCATION, INC.



FILED Apr 03, 2006 8:00 am Secretary of State 04-03-2006 90384 033 \*\*\*\*61.25

				COO WE						
Principal Place of Business Mailing Address										
J & L PROPERTY MGMT., INC. 10191 SAMPLE ROAD, SUITE 203 CORAL SPRINGS FL 33065 US		10191 SAMPLE ROA	J & L PROPERTY MGMT., INC. 10191 SAMPLE ROAD, SUITE 203 CORAL SPRINGS FL 33065 US							
2. Principal Place of Business		3. Mailing Address	3. Mailing Address			F (48)(48) 949	(2111 2121 2211 2211 \$211 29(II )	anda min arara s	HS1 (BILLE) 81 (BS)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			1st MOORE CR2E037 (10/05)				
City & State		City & State	City & State			GE 0570 400			Applied For Not Applicable	
Zip Country		Zip	Zip Country			5. Certificate of Status Desired \$8.75 Additional Fee Required				
<del> </del>	6. Name and Address of Curr	ent Registered Agent	stered Agent			7. Name and Address of New Registered Agent				
					Name					
CALDI 10191 SUITE	ERAZZO, JAMES W. SAMPLE RD 203			Street Address (P.O. Box Number is Not Acceptable)						
POMPANO BEACH FL.33065										
			City			-	▝┗▕▕	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. I am familiar with, and accept										
the obligations of registered agenta?										
	•									
SIGNATURE	mature, typed or printed name of registered a	coent and title if applicable (1)	NOTE Registore	d Agent signatur	re required v	when renestating)	DA	ıF.		
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FILE NOW: FEE IS \$61.25  Due By May 1, 2006  9. Election Campaign Financing Trust Fund Contribution.						\$5.00 May Be Added to Fees	Make Ch Florida Dep			
10.	OFFICERS AND	DIRECTORS	11.		A	DDITIONS/CHANG	ES TO OFFICERS AND	DIRECTOR	S IN 10	
TITLE P/	′D ( ,	☐ Delete	TITLE		D	1 11 0		☐ Char	nge 🔲 Addition	
NAME JA	NEGER, PHILIP A		NAMI	E	ANNA	bella Garci	/a	_	-	
STREET ADDRESS 48	861 NW 115TH AVE.		STRE	ET ADDRESS	4727	NW 114 Dr	•			
CITY-ST-ZIP CC	ORAL SPRINGS FL 33076		CITY	-ST-ZIP		• • • • • •				
TITLE SC	)		0	J. 2"	Coral	springs fl				
NAME RC		☐ Delete	<b>.</b>		Coral	springs fl	33076	☐ Char	ine	
	DLLO, LINDA	☐ Delete	TITLE		Coral	springs fl		☐ Char	nge 🔲 Addition	
STREET ADDRESS 47	OLLO, LINDA 26 NW 115TH TERRACE	☐ Delete	TITLE		Coral	springs fl		☐ Char	nge 🔲 Addition	
	•	☐ Delete	TITLE NAMI STRE	E	Coral	springs fl		Char	age 🔲 Addition	
	726 NW 115TH TERRACE ORAL SPRINGS FL 33076		TITLE NAMI STREI CITY-	E ET ADDRESS -ST-ZIP	Coral	springs Fl				
CITY-S1-ZIP CC	726 NW 115TH TERRACE ORAL SPRINGS FL 33076	☐ Delete☐ Nelete	TITLE NAMI STRE	E ET ADDRESS - S1- ZIP	Coral	springs Fl		☐ Char		
CITY-ST-ZIP CC	26 NW 115TH TERRACE DRAL SPRINGS FL 33076		TITLE NAMI STREI CITY- TITLE NAMI	E ET ADDRESS - S1- ZIP	Coral	springs Fl				
CITY-S1-ZIP CCC TITLE VE NAME DIII STREET ADDRESS 47	26 NW 115TH TERRACE ORAL SPRINGS FL 33076 D PTEE, DONNA		TITLE NAMI STREI CITY- TITLE NAMI STREI	E ET ADDRESS -S1-ZIP	Coral	springs Fl				
CITY-S1-ZIP CCC TITLE VE NAME DIII STREET ADDRESS 47	26 NW 115TH TERRACE ORAL SPRINGS FL 33076 O PTEE, DONNA 714 NW 115TH TERRACE ORAL SPRINGS FL 33076	☐ Delate	TITLE NAMI STREI CITY- TITLE NAMI STREI	E ET ADDRESS -ST-ZIP E E ET ADDRESS -ST-ZIP	Coral	springs Fl		. Char	nge Addition	
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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: