

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 09, 2004 8:00 am
Secretary of State

08-09-2004 90008 045 *****61.25

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1. Entity Name

KNOLL RIDGE HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business

**111 SE 12TH STREET
FORT LAUDERDALE FL 33301**

Mailing Address

**111 SE 12TH STREET
FORT LAUDERDALE FL 33301**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



MOORE

CR2E037 (4/04)

4. FEI Number

65-0895684

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**-SCOTT, PATRICK S
111 SE 12TH STREET
FORT LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25
Due By September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **TD** ☐ Delete
NAME **RICHTER, LINDA**
STREET ADDRESS **2120 N.E. 55TH CT**
CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

TITLE **SD** ☐ Delete
NAME **WOLVERTON, PATRICIA**
STREET ADDRESS **2041 NE 55TH CT**
CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

TITLE **PD** ☐ Delete
NAME **LAMPASONE, DON**
STREET ADDRESS **5240 NE 18TH TERRACE**
CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

TITLE **VP** ☐ Delete
NAME **JORDAN, JAMES**
STREET ADDRESS **2030 NE 54TH STREET**
CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

TITLE **VP** ☐ Delete
NAME **MCKENZIE, B J**
STREET ADDRESS **2210 NE 52ND COURT**
CITY-ST-ZIP **FORT LAUDERDALE FL 33308**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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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:

Linda M. Richter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-4-04

Date

Daytime Phone #