

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2006 8:00 am**  
**Secretary of State**

04-07-2006 90039 031 \*\*\*\*61.25

**DOCUMENT # N98000000315**

1. Entity Name  
**KNOLL RIDGE HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business  
**MARGUERITE BRUCH  
5291 NE 18 TERRACE  
FORT LAUDERDALE, FL 33308**

Mailing Address  
**111 SE 12TH STREET  
FORT LAUDERDALE, FL 33301**

**J0010070**



2. Principal Place of Business

Mailing Address  
**Suzanne Higgins**

Suite, Apt. #, etc.

Suite, Apt. #, etc.  
**2020 NE 55 CT**

City & State

City & State  
**FT Lauderdale FL**

Zip

Country

Zip  
**33308**

Country

03112006 Chg-NP CR2E037 (11/05)

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

**LAPMASONE, DON  
5240 NE 18TH TERRACE  
FORT LAUDERDALE, FL 33308**

**Suzanne Higgins  
2020 NE 55 CT  
FT Laud 33308**

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 **Suzanne Higgins**

**Suzanne Higgins**

**3-31-06**

**Filing Fee is \$61.25  
Due by May 1, 2006**

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 **BRUCH, MARGUERITE**  
STREET ADDRESS **5291 NE 18 TERRACE**  
CITY-ST-ZIP **FORT LAUDERDALE, FL 33308**

TITLE **SB** ☐ Delete  
NAME **HIGGINS, SUZANNE**  
STREET ADDRESS **2020 NE 55 STREET**  
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 **CLARKE, BILL**  
STREET ADDRESS **2081 NE 54 STREET**  
CITY-ST-ZIP **FORT LAUDERDALE, FL 33308**

TITLE **VP** ☒ Delete  
NAME **WILLIAMSON, MELLISA**  
STREET ADDRESS **2160 NE 54 STREET**  
CITY-ST-ZIP **FORT LAUDERDALE, FL 33308**

TITLE **VP** ☒ Delete  
NAME **WILLIAMSON, DON**  
STREET ADDRESS **2160 NE 54 STREET**  
CITY-ST-ZIP **FORT LAUDERDALE, FL 33308**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☐ Addition  
NAME **Suzanne Higgins**  
STREET ADDRESS **2020 NE 55 CT**  
CITY-ST-ZIP **FT Lauderdale, FL 33308**

TITLE **S** ☒ Change ☐ Addition  
NAME **Don Williamson**  
STREET ADDRESS **2160 NE 54 STREET**  
CITY-ST-ZIP **FT Lauderdale, FL 33308**

TITLE **T** ☐ Change ☐ Addition  
NAME **Marguerite Bruch**  
STREET ADDRESS **5291 NE 18 Terr**  
CITY-ST-ZIP **FT Lauderdale, FL 33308**

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: **Suzanne Higgins**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**3-31-06**