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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V36275** (8)

1. Corporation Name
KNOLLWOOD GROVES, INC.

Principal Place of Business	Mailing Address
8053 LAWRENCE ROAD BOYNTON BEACH FL 33436 US	8053 LAWRENCE ROAD BOYNTON BEACH FL 33436-1601 US

3. Date Incorporated or Qualified: 05/14/1992
3a. Date of Last Report: 02/13/1996

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

4. FEI Number: 65-0345810 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. **Name and Address of Current Registered Agent**

DWYER, BARBARA
8053 LAWRENCE ROAD
BOYNTON BEACH FL 33436

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	HOWARD, VERNON		1.2 NAME		
STREET ADDRESS	7159 THOMPSON ROAD		1.3 STREET ADDRESS		
CITY-ST-ZIP	LANTANA FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SCOTT, WALTER J		2.2 NAME		
STREET ADDRESS	308 ELIZABETH RD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKE WORTH FL 33461		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	HOWARD, MARION		3.2 NAME		
STREET ADDRESS	7159 THOMPSON RD.		3.3 STREET ADDRESS		
CITY-ST-ZIP	LANTANA FL 33462		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DWYER, BARBARA		4.2 NAME		
STREET ADDRESS	836 KINGSTON DM		4.3 STREET ADDRESS		
CITY-ST-ZIP	LANTANA FL 33462		4.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	5.1 TITLE	TD	☒ Change ☐ Addition
NAME	SCOTT, GLORIA L		5.2 NAME	SCOTT, GLORIA L	
STREET ADDRESS	4411 WILKINSON DR.		5.3 STREET ADDRESS	18 PEPPERWOOD COURT	
CITY-ST-ZIP	LAKE WORTH FL 33461		5.4 CITY-ST-ZIP	LANTANA, FL. 33462	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (9/96)

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: Gloria L. Scott GLORIA L. SCOTT 3/17/97 561-734-4800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0320382