

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 16, 2005 08:00 AM
Secretary of State

DOCUMENT # V36275

1. Entity Name
KNOLLWOOD GROVES, INC.



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



02062005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0345810

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

DWYER, BARBARA
8053 LAWRENCE ROAD
BOYNTON BEACH, FL 33436

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IN THIS SPACE**

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 \$150.00
After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	VP
NAME	SCOTT, WALTER J
STREET ADDRESS	308 ELIZABETH RD.
CITY-ST-ZIP	LAKE WORTH, FL 33461
TITLE	P
NAME	HOWARD, MARION
STREET ADDRESS	7159 THOMPSON RD.
CITY-ST-ZIP	BOYNTON BCH, FL 33426
TITLE	SD
NAME	DWYER, BARBARA
STREET ADDRESS	836 KINGSTON DM
CITY-ST-ZIP	LANTANA, FL 33462
TITLE	TD
NAME	SCOTT, GLORIA L.
STREET ADDRESS	18 PEPPERWOOD COURT
CITY-ST-ZIP	BOYNTON BCH, FL 33426
TITLE	VD
NAME	DWYER, THOMAS
STREET ADDRESS	836 KINGSTON DRIVE
CITY-ST-ZIP	LANTANA, FL 33462
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

02/16/05-80007-024 150.00

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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 607, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #