

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 763014

**FILED**  
**Apr 20, 2021**  
**Secretary of State**  
**0029557249CC****Entity Name:** THE KNOLLS OF KINGS POINT CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**FIRST SERVICE RESIDENTIAL  
1904 CLUBHOUSE DR  
SUN CITY CENTER, FL 33573**Current Mailing Address:**FIRST SERVICE RESIDENTIAL  
1904 CLUBHOUSE DR  
SUN CITY CENTER, FL 33573 US**FEI Number:** 59-2529057**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**APPLETON REISS  
215 N HOWARD AVE  
SUITE 200  
TAMPA, FL 33606 US*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.***SIGNATURE:** ERIC APPLETON

04/20/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title	PRESIDENT
Name	FALLER, KATHLEEN
Address	403 LAKEPOINT CT
City-State-Zip:	SUN CITY CENTER FL 33573

Title	VP
Name	KOVALASKE, JUDITH
Address	416 BLOOM CT
City-State-Zip:	SUN CITY CENTER FL 33573

Title	TREASURER
Name	SPOONER, CHRISTINE
Address	442 LAKEPOINT CT
City-State-Zip:	SUN CITY CENTER FL 33573

Title	DIRECTOR
Name	BACON, PATRICIA
Address	404 BLOOM CT
City-State-Zip:	SUN CITY CENTER FL 33573

Title	SECRETARY
Name	LATHROP, HELEN
Address	2008-60 HEINTZMAN ST
City-State-Zip:	TORONTO ON M6P 5A1

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

**SIGNATURE:** KATHLEEN FALLER

PRESIDENT

04/20/2021

Electronic Signature of Signing Officer/Director Detail

Date