


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. McArthur Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N13469** (4)

1. Corporation Name

KING'S BAY COMMUNITY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 771021
WINTER GARDEN FL 34777

P.O. BOX 771021
WINTER GARDEN FL 34777

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/18/1986** 3a. Date of Last Report **04/22/1996**

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HENRY, SUZANNE
305 WEIR DRIVE
WINTER GARDEN, FL
WINTER GARDEN FL 34787

81 Name **JEFFREY M. CANFIELD**
82 Street Address (P.O. Box Number is Not Acceptable)
332 BAYSIDE AVE
83
84 City **WINTER GARDEN** FL 85 Zip Code **34787**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE *Jeffrey M. Canfield* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENNINGTON, RONALD	1.2 NAME	JAMES GALLAGHER
STREET ADDRESS	421 TIMBERCREEK DR N	1.3 STREET ADDRESS	411 TIMBERCREEK DR.
CITY-ST-ZIP	WINTER GARDEN FL	1.4 CITY-ST-ZIP	WINTER GARDEN, FL 34787
TITLE	T <input checked="" type="checkbox"/> DELETE	2.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HENRY, SUZANNE	2.2 NAME	JEFFREY M. CANFIELD
STREET ADDRESS	305 WEIR DR	2.3 STREET ADDRESS	332 BAYSIDE AVE
CITY-ST-ZIP	WINTER GARDEN FL	2.4 CITY-ST-ZIP	WINTER GARDEN FL 34787
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPENNINGTON, BARBARA	3.2 NAME	
STREET ADDRESS	421 TIMBERCREEK DR N	3.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER GARDEN FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANFIELD, MARY	4.2 NAME	
STREET ADDRESS	332 BAYSIDE AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER GARDEN FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DALEY, BRAD	5.2 NAME	
STREET ADDRESS	401 TIMBERCREEK DR N	5.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER GARDEN FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMILTON, SUSAN, G	6.2 NAME	
STREET ADDRESS	344 N. PARK AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER GARDEN FL 34787	6.4 CITY-ST-ZIP	

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

SIGNATURE:

SIGNATURE REQUIRED

9/15/97 407-654-2338

CR2E037 (4/97)