

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. McMath 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 P.O. BOX 771021 WINTER GARDEN FL 34777	Mailing Address P.O. BOX 771021 WINTER GARDEN FL 34777
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/18/1986	3a. Date of Last Report 04/22/1996
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2. Principal Place of Business 21 Sulte, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
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4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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
HENRY, SUZANNE
305 WEIR DRIVE
WINTER GARDEN, FL
WINTER GARDEN FL 34787

10. Name and Address of New Registered Agent
 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
 Signature (print printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	PENNINGTON, RONALD
STREET ADDRESS	421 TIMBERCREEK DR N
CITY-ST-ZIP	WINTER GARDEN FL
TITLE	T <input checked="" type="checkbox"/> DELETE
NAME	HENRY, SUZANNE
STREET ADDRESS	305 WEIR DR
CITY-ST-ZIP	WINTER GARDEN FL
TITLE	D <input type="checkbox"/> DELETE
NAME	SPENNINGTON, BARBARA
STREET ADDRESS	421 TIMBERCREEK DR N
CITY-ST-ZIP	WINTER GARDEN FL
TITLE	D <input type="checkbox"/> DELETE
NAME	CANFIELD, MARY
STREET ADDRESS	332 BAYSIDE AVE
CITY-ST-ZIP	WINTER GARDEN FL
TITLE	D <input type="checkbox"/> DELETE
NAME	DALEY, BRAD
STREET ADDRESS	401 TIMBERCREEK DR N
CITY-ST-ZIP	WINTER GARDEN FL
TITLE	D <input type="checkbox"/> DELETE
NAME	HAMILTON, SUSAN, G
STREET ADDRESS	344 N. PARK AVE.
CITY-ST-ZIP	WINTER GARDEN FL 34787

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12?

1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JAMES GALLAGHER
1.3 STREET ADDRESS	411 TIMBERCREEK DR.
1.4 CITY-ST-ZIP	WINTER GARDEN, FL 34787
2.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JEFFREY M. CANFIELD
2.3 STREET ADDRESS	332 BAYSIDE AVE
2.4 CITY-ST-ZIP	WINTER GARDEN FL 34787
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)