## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

**DOCUMENT # N13469** 

(4)

1. Corporation Name				
KING'S BAY COMMUNITY ASSOCIATION, INC.				
MING O DAT CONTROLLET ACCOUNTS IN 110				T I DELILIAT ODI 1909 11414 OLOGO ORIAN IORI OLOGO ALGIO ELEM ELEM ATRICATORI ELEM
Principal Place of Business Mailing Address				1 1991/131 GDI (1839 1111) GGGG GHGG (61) DIGN GGGG ALGIN ALGIN GHGH GHGH GHGH ALGIN ALGIN GHGH ALGIN ALGIN GHGH ALGIN GH
P.O. BOX 771021 P.O. BOX 771021				3. Date incorporated or Qualified
WINTER GARDEN FL 34777 WINTER GARDEN FL 34777			•	02/18/1986
	•			4. FEI Number Applied For
	•			NOT APPLICABLE Not Applicable
Principal Place of Business     2a. Malling Address			5. Certificate of Status Desired \$8.75 Additional	
21 26		26		5. Certificate of Statos Desired Fee Required
Suite, Apt. #, etc. Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be	
22 27			Trust Fund Contribution Added to Fees	
City & State		City & State		7. Is this nonprofit corporation a homeowners association?
23		28		
Zip	Country	Zip	Country	8. This corporation owes or has paid the current year intangible
24	[25]		30	Personal Property Tax due June 30YesNo
	9. Name and Address of Current	t Registered Agent	81 Name	10. Name and Address of New Registered Agent
			81 Name	
CANFIELS, JEFFREY M			82 Street Addre	ess (P.O. Box Number is Not Acceptable)
332 BAYSIDE AVE			22	
WINTER GARDEN FL 34787			83	
	·		84 City	FL 85 Zip Code
11. Pursuant t	to the provisions of sections 617.0502 a	and 617 1508. Florida Statutes, ti	he above-named corporati	tion submits this statement for the purpose of changing its registered
office or re	egistered agent, or both, in the State of	Florida, Such change was auth	orized 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.			a Statutes.	
SIGNATURE	Signature, yped or winted name of registered agent	and title if applicable. (NOTE	: Registered Agent signature require	red when reinstating) DATE
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P	DELETE	1.1 TITLE	Change Addition
NAME	GALLAGHER, JAMES	<u> </u>	1.2 NAME	
STREET ADDRESS	411 TIMBERCREEK DR		1.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER GARDEN FL		1.4 CITY-ST-ZIP	į
TITLE	T	DELETE	2.1 TITLE	Change Addition
NAME	CANFIELD, JEFFREY M		2.2 NAME	
STREET ADDRESS	332 BAYSIDE AVE		2.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER GARDEN FL		2.4 CITY-ST-ZIP	
TITLE	D	DELETE	3.1 TITLE	Change Addition
NAME	SPENNINGTON, BARBARA		3.2 NAME	
STREET ADDRESS	421 TIMBERCREEK DR N		3.3 STREET ADORESS	
CITY-ST-ZIP	WINTER GARDEN FL		3.4 CITY-ST-ZIP	
TITLE	D	DELETE	4.1 TITLE	Change Addition
NAME	CANFIELD, MARY		4.2 NAME	C Shange C FACULTON
STREET ADDRESS	332 BAYSIDE AVE		4.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER GARDEN FL		4.4 City-st-zip	
TITLE	D	DELETE	5,1 TITLE	Change Addition
NAME	DALEY, BRAD	□ pcce1€	5.2 NAME	Change 1 Addition
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER GARDEN FL		5.4 CITY-ST-ZIP	
TITLE	D D	T or ere	6.1 TITLE	
	1 -	DELETE		Change Addition
NAME	HAMILTON, SUSAN, G		6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP	WINTER GARDEN FL 34787	this files, does not explift, for the	6.4 CITY-ST-ZIP	tion 119.07(3Vi) Florida Statutes I further certify that the Information

. 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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:

PATHER AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/11/98 407-886-2334

**FILED** 

Aug 19 1998 8:00am

Secretary of State