

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 09, 2002 8:00 am
Secretary of State

05-09-2002 90079 028 ****61.25

DOCUMENT # N13469
 1. Entity 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
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number	Applied For
NOT APPLICABLE	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
<input type="checkbox"/>	

6. Name and Address of Current Registered Agent
CANFIELDS, JEFFREY M
332 BAYSIDE AVE
WINTER GARDEN FL 34787

7. Name and Address of New Registered Agent
 Name **STEVEN W. HAMILTON**
 Street Address (P.O. Box Number is Not Acceptable)
344 N. PARK AVE
 City **WINTER GARDEN** FL **34787**

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.
 SIGNATURE *Steven W. Hamilton* **STEVEN W. HAMILTON** Treasurer **4/24/02**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete GALLANGER, JAMES 411 TIMBER CREEK DR N WINTER GARDEN FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <input type="checkbox"/> Delete CANFIELD, JEFFREY M 332 BAYSIDE AVE WINTER GARDEN FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete PHELPS, ROBERT 320 BAYSIDE AVE WINTER GARDEN FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete BUTTERWORTH, WALTER 300 N PARK AVE WINTER GARDEN FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete CARRIS, JERRY 347 BAYSIDE AVE WINTER GARDEN FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete HAMILTON, STEVE 344 N. PARK AVE. WINTER GARDEN FL 34787

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition REED, BETTY D 311 BAYSIDE AVE WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition HAMILTON, SUSIE 344 N. PARK AVE WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition HAMILTON, STEVE 344 N. PARK AVE WINTER GARDEN, FL 34787

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 617, 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 officers empowered.

SIGNATURE: *Steven W. Hamilton* **STEVEN W. HAMILTON** Treasurer **407-656-8222**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)