
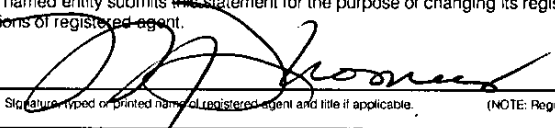
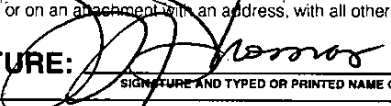


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005 8:00 am
Secretary of State

01-12-2005 90005 030 ****61.25

DOCUMENT # N13469			
1. Entity Name KING'S BAY COMMUNITY ASSOCIATION, INC.			
Principal Place of Business P.O. BOX 1021 WINTER GARDEN, FL 34777		Mailing Address P.O. BOX 1021 WINTER GARDEN, FL 34777	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc. P.O. Box 771021		Suite, Apt. #, etc. P.O. Box 771021	
City & State WINTER GARDEN, FL		City & State WINTER GARDEN, FL	
Zip 34777	Country USA	Zip 34777	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HAMILTON, STEVEN W 344 N PARK AVE WINTER GARDEN, FL 34787		Name MIKE THOMAS	
		Street Address (P.O. Box Number is Not Acceptable) 401 TIMBERCREEK DR. N.	
		City WINTER GARDEN	FL Zip Code 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE 		DATE JAN 10, 2005	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GALLANGER, JAMES 411 TIMBER CREEK DR N WINTER GARDEN, FL 34787 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CANFIELD, JEFFREY M 332 BAYSIDE AVE WINTER GARDEN, FL 34787 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHELPS, ROBERT 320 BAYSIDE AVE WINTER GARDEN, FL 34787 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUTTERWORTH, WALTER 300 N PARK AVE WINTER GARDEN, FL 34787 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CARRIS, JERRY 347 BAYSIDE AVE WINTER GARDEN, FL 34787 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HAMILTON, STEVE 344 N. PARK AVE. WINTER GARDEN, FL 34787 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 like empowered.			
SIGNATURE: 		DATE JAN 10, 2005	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR MIKE THOMAS		Daytime Phone # 407 877 2266	

50001792

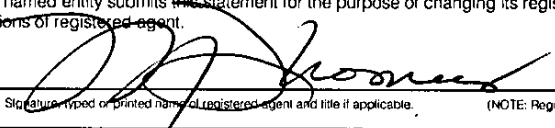


01102005 Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE Applied For Not Applicable

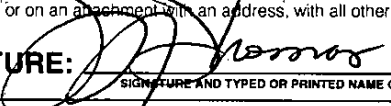
5. Certificate of Status Desired \$8.75 Additional Fee Required

7. Name and Address of New Registered Agent
 Name: **MIKE THOMAS**
 Street Address (P.O. Box Number is Not Acceptable): **401 TIMBERCREEK DR. N.**
 City: **WINTER GARDEN** FL Zip Code: **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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE:  DATE: **JAN 10, 2005**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees
 Make check payable to **Florida Department of State**

10. OFFICERS AND DIRECTORS	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D GALLANGER, JAMES 411 TIMBER CREEK DR N WINTER GARDEN, FL 34787 <input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
S CANFIELD, JEFFREY M 332 BAYSIDE AVE WINTER GARDEN, FL 34787 <input type="checkbox"/> Delete	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
T CARRIS, JERRY 347 BAYSIDE AVE WINTER GARDEN, FL 34787 <input checked="" type="checkbox"/> Delete	D CONNIE THOMAS 401 TIMBERCREEK DR. N. WINTER GARDEN, FL 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
P HAMILTON, STEVE 344 N. PARK AVE. WINTER GARDEN, FL 34787 <input checked="" type="checkbox"/> Delete	

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 SIGNATURE:  DATE: **JAN 10, 2005**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **MIKE THOMAS** Daytime Phone #: **407 877 2266**