


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008 8:00 am
Secretary of State

02-21-2008 90014 041 ****61.25

DOCUMENT # N13469

1. Entity Name
KING'S BAY COMMUNITY ASSOCIATION, INC.



Principal Place of Business
**401 TIMBERCREEK DR. N.
 WINTER GARDEN, FL 34787**

Mailing Address
**P.O. BOX 771021
 WINTER GARDEN, FL 34777**

2. Principal Place of Business - No P.O. Box #
347 BAYSIDE Ave

3. Mailing Address
 Suite, Apt. #, etc.


City & State
Winter Garden Fl.

City & State
 Suite, Apt. #, etc.

Zip
34787

Country
Orange

40000000



01052008 Chg-NP CR2E037 (12/06)

4. FEI Number
NOT APPLICABLE

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

**THOMAS, MIKE
 401 TIMBERCREEK DR. N.
 WINTER GARDEN, FL 34787**

7. Name and Address of New Registered Agent

Name **Jerome Carvis**

Street Address (P.O. Box Number is Not Acceptable)
347 Bayside Ave

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 Jerome Carvis, Treas. DATE 2/18/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2008

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

TITLE	D	<input type="checkbox"/> Delete
NAME	GALLANGER, JAMES	
STREET ADDRESS	411 TIMBER CREEK DR N	
CITY-ST-ZIP	WINTER GARDEN, FL 34787	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMAS, CONNIE	
STREET ADDRESS	401 TIMBERCREEK DR. N.	
CITY-ST-ZIP	WINTER GARDEN, FL 34787	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUTTERWORTH, WALTER	
STREET ADDRESS	300 N PARK AVE	
CITY-ST-ZIP	WINTER GARDEN, FL 34787	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	P. Penelope Phelps	
STREET ADDRESS	320 Bayside Ave	
CITY-ST-ZIP	Winter Garden Fl. 34787	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	S. Linda Weyman	
STREET ADDRESS	307 Bayside Ave	
CITY-ST-ZIP	Winter Garden Fl. 34787	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Darin White	
STREET ADDRESS	809 Weir Dr.	
CITY-ST-ZIP	Winter Garden Fl. 34787	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Jerome Carvis Jerome Carvis DATE 2/18/08 DAYTIME PHONE # 407-686-1882

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR