2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 03, 2006 8:00 am Secretary of State **DOCUMENT # 713714** 1. Entity Name 04-03-2006 90399 023 ****61.25 KING'S BAY HOUSE CONDOMINIUM CO., INC. Principal Place of Business Mailing Address 5530 N. OCEAN BLVD. OCEAN RIDGE FL 33435 5530 N. OCEAN BLVD. OCEAN RIDGE FL 33435 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4. FEI Number Applied For 59-1284788 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AASKOV, GAIL ADAMS Street Address (P.O. Box Number is Not Acceptable) % MANAGEMENT SERVICES OF P.B. 5011 N. OCEAN BLVD. OCEAN RIDGE FL 33435 Zip Code 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: Signature, typed or printed name of registered agent and title if applicable (NOTE_Rogistered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Due By May 1, 2006 Trust Fund Contribution. Florida Department of State Added to Fees ٠. . 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. DP TITLE DS Thomas, Maria ☐ Delete TITLE Change X Addition KALLENBACH, DALE " NAME NAME 5530 N. Ocean Blvd. STREET ADDRESS 5530 N. OCEAN BLVD #303 STREET ADDRESS Ocean Ridge, FL 33435 OCEAN RIDGE FL 33435 CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition ROLAND, ELEANOR NAME NAME 5530 N.OCEAN BLVD STREET ADDRESS STREET ADDRESS OCEAN RIDGE FL 33435 CITY-ST-ZIP CITY-ST-ZIP TITLE DS ☐ Change ☐ Addition X Delete TITLE GOLDSTEIN, MAUREEN NAME NAME STREET ADDRESS 5530 N. OCEAN BLVD #305 STREET ADDRESS CITY-ST-7LP OCEAN RIDGE FL 33435 CITY-ST-ZIP D/VP ☐ Change TITLE ☐ Delete ■ Addition NAME SIMPSON, BERNARD STREET ADDRESS 5530 N OCEAN BLVD STREET ADDRESS CITY-SI-ZIP OCEAN RIDGE FL 334-35 o CITY-ST-ZIP D/T TITLE ☐ Delete TITLE ☐ Change ☐ Addition MCQUADE, GEORGE NAME 5530 N OCEAN BLVD STREET ADDRESS STREET ADDRESS OCEAN RIDGE FL 33435 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

561-276-3220

FILED