

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000004281

FILED  
Jan 14, 2005  
Secretary of State

**Entity Name:** KINJA BAY HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

60 E GULF BEACH DR  
ST GEORGE ISLAND, FL 32328

**New Principal Place of Business:**

**Current Mailing Address:**

60 E GULF BEACH DR  
ST GEORGE ISLAND, FL 32328

**New Mailing Address:**

**FEI Number:** 94-3417381

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

COLLINS, ALICE D  
60 E GULF BEACH DR  
C/O COLLINS VACATION RENTALS, INC  
ST GEORGE ISLAND, FL 32328 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: STD ( ) Delete  
Name: MORGAN, RICK  
Address: 4070 TRINITY RD  
City-St-Zip: FRANKLIN, TN 37067

Title: PD ( ) Delete  
Name: FANN, ELLIOTT  
Address: 8 TROTTER WAY  
City-St-Zip: VALDOSTA, GA 31605

Title: VD ( ) Delete  
Name: GILLSON, BUNNY  
Address: 475 HARBOUR SHORES DR.  
City-St-Zip: JACKSON, GA 30233

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ST (X) Change ( ) Addition  
Name: LIPSCOMB, LATICIA F  
Address: 60 EAST GULF BEACH DRIVE  
City-St-Zip: ST. GEORGE ISLAND, FL 32328

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VD (X) Change ( ) Addition  
Name: GILLSON, BUNNY  
Address: 1051 EAGLE'S BROOK DRIVR  
City-St-Zip: LOCUST GROVE, GA 30248

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LATICIA F. LIPSCOMB

ST

01/14/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date