## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N01000006175

FILED Jan 29, 2005 Secretary of State

Entity Name: KINGS BAY NEIGHBORHOOD ASSOCIATION INC.

Current Pr	incipal Place of Bu	ısiness:	New Princ	New Principal Place of Business:			
1405 SE FI CRYSTAL	FTH AVE. RIVER,, FL 34429	US					
Current Mailing Address:			New Maili	New Mailing Address:			
1405 SE FI CRYSTAL	FTH AVE RIVER,, FL 34429	US					
El Number:	59-3725175 FEI I	Number Applied For ( )	El Number Not Appl	icable ( ) Ce	ertificate of Status Desire	ed ( )	
Name and	Address of Curren	t Registered Agent:	Name and	Address of New	Registered Agent:		
1405 SE FI	NE, GAIL L FTH AVE RIVER,, FL 34429	US					
	named entity submit of Florida.	s this statement for the purp	ose of changing it	ts registered office	e or registered agent,	or both,	
SIGNATUR	RE:						
	Electronic Sig	nature of Registered Agent			Date		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Fitle: Name: Address: City-St-Zip:	P () Delete JANNARONE, GAIL L 1405 SE FIFTH AVE CRYSTAL RIVER,, FL		Title: Name: Address: City-St-Zip:	( ) Cha	ange ( ) Addition		
Fitle: Name: Address: City-St-Zip:	V () Delete COATS, TERRY 9695 W WOODWARD CRYSTAL RIVER,, FL	PARK ST	Title: Name: Address: City-St-Zip:	V (X) Ch CARR, JIM 9569 W. OPERA LA CRYSTAL RIVER,,			
Fitle: Name: Address: City-St-Zip:	T ( ) Delete BERG, BARBARA 217 SW KINGS BAY D CRYSTAL RIVER,, FL	R.	Title: Name: Address: City-St-Zip:	( ) Ch	ange ( ) Addition		
Fitle: Name: Address: City-St-Zip:	S () Delete TAYLOR, BONNIE 746 FIRST COURT CRYSTAL RIVER,, FL		Title: Name: Address: City-St-Zip:	S (X) Ch ATKINS, DEE 3851 N. NOKOMISI CRYSTAL RIVER,,			
Fitle: Name: Address: City-St-Zip:	D ( ) Delete JANNARONE, PHILIP A 1405 SE FIFTH AVE. CRYSTAL RIVER,, FL	4	Title: Name: Address: City-St-Zip:	( ) Ch	ange ( ) Addition		
Fitle: Name: Address: Dity-St-Zip:	D ( ) Delete KENDALL, JOANNE 816 FIRST COURT CRYSTAL RIVER,, FL		Title: Name: Address: City-St-Zip:	( ) Ch	ange ( ) Addition		

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: GAIL L. JANNARONE P 01/29/2005