2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 01, 2006
Secretary of State

DOCUMENT# N01000006175

Entity Name: KINGS BAY NEIGHBORHOOD ASSOCIATION INC.

Current Principal Place of Business:

1405 SE FIFTH AVE.
CRYSTAL RIVER,, FL 34429 US

New Principal Place of Business:

Current Mailing Address:

1405 SE FIFTH AVE
CRYSTAL RIVER,, FL 34429 US

New Mailing Address:

FEI Number: 59-3725175 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JANNARONE, GAIL L
1405 SE FIFTH AVE
CRYSTAL RIVER,, FL 34429 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:	P	( ) Delete
Name:	JANNARONE, GAIL L	
Address:	1405 SE FIFTH AVE	
City-St-Zip:	CRYSTAL RIVER,, FL 34429 US	
Title:	V	( ) Delete
Name:	CARR, JIM	
Address:	9569 W. OPERA LANE	
City-St-Zip:	CRYSTAL RIVER,, FL 34429 US	
Title:	T	( ) Delete
Name:	BERG, BARBARA	
Address:	217 SW KINGS BAY DR.	
City-St-Zip:	CRYSTAL RIVER,, FL 34429 US	
Title:	S	( ) Delete
Name:	ATKINS, DEE	
Address:	3851 N. NOKOMISPOINT	
City-St-Zip:	CRYSTAL RIVER,, FL 34428	
Title:	D	( ) Delete
Name:	JANNARONE, PHILIP A	
Address:	1405 SE FIFTH AVE.	
City-St-Zip:	CRYSTAL RIVER,, FL 34429 US	
Title:	D	( ) Delete
Name:	KENDALL, JOANNE	
Address:	816 FIRST COURT	
City-St-Zip:	CRYSTAL RIVER,, FL 34429	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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 PRES 02/01/2006

Electronic Signature of Signing Officer or Director — Date