

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2007 8:00 am
Secretary of State

05-14-2007 90098 027 ****61.25

DOCUMENT # N01000006175

1. Entity Name
KINGS BAY NEIGHBORHOOD ASSOCIATION INC.



Principal Place of Business
**1405 SE FIFTH AVE.
CRYSTAL RIVER, FL 34429 US**

Mailing Address
**1405 SE FIFTH AVE
CRYSTAL RIVER, FL 34429 US**

40113453



2. Principal Place of Business - No P.O. Box #
1030 N. CRESCENT DR.

3. Mailing Address
1030 N. CRESCENT DR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

05102007 Chg-NP CR2E037 (12/06)

City & State
CRYSTAL RIVER, FL

City & State
CRYSTAL RIVER, FL

4. FEI Number
59-3725175

Applied For
Not Applicable

Zip
34429

Country
US

Zip
34429

Country
US

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

6. Name and Address of Current Registered Agent

**JANNARONE, GAIL L
1405 SE FIFTH AVE
CRYSTAL RIVER, FL 34429**

7. Name and Address of New Registered Agent

Name **NORMAN K. HOPKINS**
Street Address (P.O. Box Number is Not Acceptable)
1030 N CRESCENT DRIVE

City **CRYSTAL RIVER** **FL** Zip Code **34429**

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 **NORMAN K. HOPKINS** **12 May 2007**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by September 14, 2007**

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 NAME STREET ADDRESS CITY-ST-ZIP	P JANNARONE, GAIL L 1405 SE FIFTH AVE CRYSTAL RIVER, FL 34429	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CARR, JIM 9569 W. OPERA LANE CRYSTAL RIVER, FL 34429	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BERG, BARBARA 217 SW KINGS BAY DR. CRYSTAL RIVER, FL 34429	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ATKINS, DEE 3851 N. NOKOMISPOINT CRYSTAL RIVER, FL 34428	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JANNARONE, PHILIP A 1405 SE FIFTH AVE. CRYSTAL RIVER, FL 34429	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KENDALL, JOANNE 816 FIRST COURT CRYSTAL RIVER, FL 34429	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P NORMAN K. HOPKINS 1030 N. CRESCENT DRIVE CRYSTAL RIVER, FL 34429	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P JANNARONE, GAIL L 1405 SE FIFTH AVE CRYSTAL RIVER, FL 34429	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 **NORMAN K. HOPKINS** **President** **12 May 2007**