

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000006175

FILED
Feb 24, 2009
Secretary of State

Entity Name: KINGS BAY NEIGHBORHOOD ASSOCIATION INC.

Current Principal Place of Business:

816 SE 1ST CT
OSPREY, FL 34229 US

New Principal Place of Business:

560 NW 14TH. PLACE
CRYSTAL RIVER, FL 34428 US

Current Mailing Address:

560 NW 14TH PL
CRYSTAL RIVER, FL 34428 US

New Mailing Address:

560 NW 14TH. PLACE
CRYSTAL RIVER, FL 34428 US

FEI Number: 59-3725175

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

JONES, ARTHUR W
560 NW 14TH PL
CRYSTAL RIVER, FL 34428 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: S () Delete
Name: JONES, ARTHUR W
Address: 560 NW 14TH PL
City-St-Zip: CRYSTAL RIVER, FL 34428 US

Title: V () Delete
Name: ATKINS, DEE
Address: 3851 N NOKOMIS PT
City-St-Zip: CRYSTAL RIVER, FL 34428 US

Title: D () Delete
Name: HOPKINS, NORMAN K
Address: 1030 N CRESCENT DR
City-St-Zip: CRYSTAL RIVER, FL 34429 US

Title: P () Delete
Name: KENDALL, JOANNE
Address: 816 SE 1ST CT
City-St-Zip: CRYSTAL RIVER, FL 34429

Title: D () Delete
Name: TAYLOR, BONNIE
Address: 746 SE 1ST CT
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: P (X) Change () Addition
Name: JONES, ARTHUR W
Address: 560 NW 14TH PL
City-St-Zip: CRYSTAL RIVER, FL 34428 US

Title: S (X) Change () Addition
Name: ATKINS, DEE
Address: 3851 N NOKOMIS PT
City-St-Zip: CRYSTAL RIVER, FL 34428 US

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

Title: D (X) Change () Addition
Name: KENDALL, JOANNE
Address: 816 SE 1ST CT
City-St-Zip: CRYSTAL RIVER, FL 34429

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

Title: D (X) Change () Addition
Name: COX, JOREE
Address: 1005 SE 5TH AVE.
City-St-Zip: CRYSTAL RIVER,, FL 34429

I hereby certify that the information supplied with this filing does not qualify 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: ARTHUR W. JONES

P

02/24/2009

Electronic Signature of Signing Officer or Director

Date