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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N02864

1. Corporation Name

KING'S BAY ISLE HOMEOWNER'S ASSOCIATION, INC.

Principal Place of Business

Mailing Address

801 WINDEMERE BLVD.
INVERNESS FL 34453

801 WINDEMERE BLVD.
INVERNESS FL 34453



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified		
21	26	05/02/1984		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number		
22	27	59-2379951		
City & State	City & State	Applied For		
23	28	Not Applicable		
Zip	Country	5. Certificate of Status Desired		
24	25	29	30	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing				
<input type="checkbox"/> \$5.00 May Be Added to Fees				

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SUGGS, RICK A
502 TURNER CAMP ROAD
INVERNESS FL 34450

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUGGS, RICK A	1.2 NAME	
STREET ADDRESS	502 TURNER CAMP ROAD	1.3 STREET ADDRESS	
CITY-ST-ZIP	INVERNESS FL 34450	1.4 CITY-ST-ZIP	
TITLE	STD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUGGS, MARY ANNE	2.2 NAME	
STREET ADDRESS	502 TURNER CAMP ROAD	2.3 STREET ADDRESS	
CITY-ST-ZIP	INVERNESS FL 34450	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUGGS, MICHAEL B	3.2 NAME	
STREET ADDRESS	502 TURNER CAMP ROAD	3.3 STREET ADDRESS	
CITY-ST-ZIP	INVERNESS FL 34450	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/10/99

Date

352-726-7494

Daytime Phone #

CR2E037 (1/98)