2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2005 8:00 am
Secretary of State
03-22-2005 90015 033 ****61.25

DOCUMENT # N02864

1. Entity 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

02092005 Chg-NP CR2E037 (10/03)

2. Principal Place of Business	3. Mailing Address
221 W. MAIN STREET	221 W. MAIN STREET
Suite, Apt. #, etc. SUITE C	Suite, Apt. #, etc. SUITE C
City & State INVERNESS FL	City & State INVERNESS FL
Zip 34450 Country USA	Zip 34450 Country USA

4. FEI Number
59-2379951
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
SUGGS, RICK A 502 TURNER CAMP ROAD INVERNESS, FL 34450	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, required for printed name of registered agent and title, if applicable. (FILER: Registered Agent signature required when changing)

Filing Fee is $61.25
Due by May 1, 2005

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD SUGGS, RICK A 502 TURNER CAMP ROAD INVERNESS, FL 34450	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Add'tion
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD SUGGS, MARYANNE 502 TURNER CAMP ROAD INVERNESS, FL 34450	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Add'tion
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SUGGS, MICHAEL B 502 TURNER CAMP ROAD INVERNESS, FL 34450	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Add'tion
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SUGGS, STACEY S. 502 TURNER CAMP ROAD INVERNESS FL 34450	☐ Change ☒ Add'tion
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Add'tion
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Add'tion

12. 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 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: Rick A Suggs 3-18-05 352-726-7494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
RICK A. SUGGS