

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2007 08:00 AM
Secretary of State

DOCUMENT # N02864

1. Entity Name
KING'S BAY ISLE HOMEOWNER'S ASSOCIATION, INC.



Principal Place of Business
**221 W. MAIN STREET
SUITE C
INVERNESS, FL 34450**

Mailing Address
**221 W. MAIN STREET
SUITE C
INVERNESS, FL 34450**



04052007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2379951

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

8. Name and Address of Current Registered Agent

**SUGGS, RICK A
502 TURNER CAMP ROAD
INVERNESS, FL 34450**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$81.25
Due by May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

U00000756173
05/23/07-80022-001 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SUGGS, RICK A 502 TURNER CAMP ROAD INVERNESS, FL 34450
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SUGGS, MARYANNE 502 TURNER CAMP ROAD INVERNESS, FL 34450
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SUGGS, MICHAEL B 502 TURNER CAMP ROAD INVERNESS, FL 34450
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHUGGS, STACEY S 502 TURNER CAMP ROAD INVERNESS, FL 34450
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 supplementary 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05/26/07

Date

352-726-7494

Daytime Phone #