

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N05352 (2)

1. Corporation Name

KING'S BAY HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business

**4466 SE 50 AVE
OKEECHOBEE FL 34972-8633**

Mailing Address

**4466 SE 50 AVENUE
OKEECHOBEE FL 34974
US**

3. Date Incorporated or Qualified
09/25/1984

3a. Date of Last Report
06/26/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

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4. FEI Number
59-2568011

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CONNER, BURTON C., PA
301 NORTHWEST FIFTH STREET
OKEECHOBEE FL 34974**

**Kennedy, Robert V.
200 NE 4th Ave.
Okeechobee, Fl 34 74**

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** ☐ DELETE
NAME **CRAIG, PATRICIA**
STREET ADDRESS **5002 SE 42 ST.**
CITY-ST-ZIP **OKEECHOBEE FL**

1.1 TITLE **D** ☐ Change ☒ Addition
1.2 NAME **Vidal, Joyce**
1.3 STREET ADDRESS **4250 SE 50th Ave.**
1.4 CITY-ST-ZIP **Okeechobee, Fl 34974** ☐ Change ☐ Addition

TITLE **VD** ☒ DELETE
NAME **VIDAL, ROBERT**
STREET ADDRESS **4250 SE 50TH AVE**
CITY-ST-ZIP **OKEECHOBEE FL**

2.1 TITLE **TD** ☒ Change ☐ Addition
2.2 NAME **Walsh, Elizabeth**
2.3 STREET ADDRESS **5004 SE 42ND ST**
2.4 CITY-ST-ZIP **OKEECHOBEE FL**

TITLE **SDTD** ☐ DELETE
NAME **WALSH, ELIZABETH**
STREET ADDRESS **5004 SE 42ND ST**
CITY-ST-ZIP **OKEECHOBEE FL**

3.1 TITLE **D** ☒ Change ☐ Addition
3.2 NAME **Moore, George**
3.3 STREET ADDRESS **5265 SE 43RD ST.**
3.4 CITY-ST-ZIP **OKEECHOBEE FL**

TITLE **VD** ☐ DELETE
NAME **MOORE, GEORGE**
STREET ADDRESS **5265 SE 43RD ST.**
CITY-ST-ZIP **OKEECHOBEE FL**

4.1 TITLE **SD** ☐ Change ☒ Addition
4.2 NAME **Mayhew, Elizabeth**
4.3 STREET ADDRESS **4242 SE 49th Court**
4.4 CITY-ST-ZIP **Okeechobee, FL 34974** ☐ Change ☒ Addition

TITLE **VD** ☐ DELETE
NAME **UNDERWOOD, HENRY**
STREET ADDRESS **5666 SE 44TH ST**
CITY-ST-ZIP **OKEECHOBEE FL**

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **Pirre, Sandra**
5.3 STREET ADDRESS **4211 SE 49th Court**
5.4 CITY-ST-ZIP **Okeechobee, Fl 34974**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.03(3)(b), 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.

SIGNATURE:

Patricia Craig, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2 July 1996 941-763-3878
Date Daytime Phone

CR2E037 (12/95)