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Jun 27 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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	Mailing Address
4486 SE 50 AVE OKEECHOBEE FL 34972-8633	4486 SE 50 AVENUE OKEECHOBEE FL 34974-2345 US

3. Date Incorporated or Qualified: 09/25/1984
3a. Date of Last Report: 07/08/1996

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

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

KENNEDY, ROBERT V
200 NE 4TH AVE
OKEECHOBEE FL 34974

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	VIDAL, JOYCE		1.2 NAME		
STREET ADDRESS	4250 SE 50TH AVENUE		1.3 STREET ADDRESS		
CITY-ST-ZIP	OKEECHOBEE FL		1.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	VIDAL, ROBERT		2.2 NAME	Patricia S. Craig	
STREET ADDRESS	4250 SE 50TH AVE		2.3 STREET ADDRESS	5002 SE 42nd. St. KB	
CITY-ST-ZIP	OKEECHOBEE FL		2.4 CITY-ST-ZIP	Okeechobee, Fl. 34974	
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	WALSH, ELIZABETH		3.2 NAME		
STREET ADDRESS	5004 SE 42ND ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	OKEECHOBEE FL		3.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MOORE, GEORGE		4.2 NAME	Glen Bar	
STREET ADDRESS	5265 SE 43RD ST.		4.3 STREET ADDRESS		
CITY-ST-ZIP	OKEECHOBEE FL		4.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MAYHEW, ELIZABETH		5.2 NAME		
STREET ADDRESS	4242 SE 49TH CT		5.3 STREET ADDRESS		
CITY-ST-ZIP	OKEECHOBEE FL		5.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	6.1 TITLE		☒ Change ☐ Addition
NAME	PIRRE, SANDRA		6.2 NAME	Henry Underwood	
STREET ADDRESS	4211 SE 49TH COURT		6.3 STREET ADDRESS	5066 SE 44th St. KB	
CITY-ST-ZIP	OKEECHOBEE FL		6.4 CITY-ST-ZIP	Okeechobee, Fl. 34974	

CR2E037 (9/96)

14. I do 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.

SIGNATURE: [illegible] (941) DATE