**FILE NOW: FILING FEE IS $61.25**

# NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

**FILED**
**Apr 20, 1999 8:00 am**
**Secretary of State**
04-20-1999 90095 025 ****61.25

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DOCUMENT # N05352

1. Corporation Name
KING'S BAY HOMEOWNERS ASSOCIATION, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 4466 SE 50 AVE<br>OKEECHOBEE FL 34972-8633 | 4466 SE 50 AVENUE<br>OKEECHOBEE FL 34974<br>US |

| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualifed |
|---|---|---|
| 21 | 26 | 09/25/1984 |
| Suite, Apt. #, etc.<br>22 | Suite, Apt. #, etc.<br>27 | 4. FEI Number<br>59-2568011 ☐ Applied For ☐ Not Applicable |
| City & State<br>23 | City & State<br>28 | 5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required |
| Zip 24 Country 25 | Zip 29 Country 30 | 6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees |

**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: COLIN M. CAMERON
82 Street Address (P.O. Box Number is Not Acceptable): 200 NE 4th Ave
83
84 City: Okeechobee FL 85 Zip Code: 34974

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 4/9/99
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 | SD | ☒ 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 | TD | ☒ DELETE | 2.1 TITLE | TD | ☐ Change ☒ Addition |
| NAME | LEVINE, JACK | | 2.2 NAME | Sandra Pirre | |
| STREET ADDRESS | 5200 S E 43RD ST | | 2.3 STREET ADDRESS | 4211 SE 49 th Court | |
| CITY-ST-ZIP | OKEECHOBEE FL | | 2.4 CITY-ST-ZIP | Okeechobee Fl 34974 | |
| TITLE | PD | ☒ DELETE | 3.1 TITLE | VD | ☐ Change ☒ Addition |
| NAME | AHRENS, RICHARD L | | 3.2 NAME | Robert Mull | |
| STREET ADDRESS | 5120 S E 42ND TRACE | | 3.3 STREET ADDRESS | 5103 SE 42 nd Trace | |
| CITY-ST-ZIP | OKEECHOBEE FL | | 3.4 CITY-ST-ZIP | Okeechobee Fl 34974 | |
| TITLE | D | ☒ DELETE | 4.1 TITLE | D | ☐ Change ☒ Addition |
| NAME | MOORE, GEORGE | | 4.2 NAME | Thomas Masterson | |
| STREET ADDRESS | 5265 SE 43RD ST. | | 4.3 STREET ADDRESS | 4964 SE 44th Street | |
| CITY-ST-ZIP | OKEECHOBEE FL | | 4.4 CITY-ST-ZIP | Okeechobee Fl 34974 | |
| TITLE | SD | ☒ DELETE | 5.1 TITLE | D | ☐ Change ☒ Addition |
| NAME | MAYHEW, ELIZABETH | | 5.2 NAME | William Tunks | |
| STREET ADDRESS | 4242 SE 49TH CT | | 5.3 STREET ADDRESS | 5100 SE 42nd Trace | |
| CITY-ST-ZIP | OKEECHOBEE FL | | 5.4 CITY-ST-ZIP | Okeechobee Fl 34974 | |
| TITLE | D | ☐ DELETE | 6.1 TITLE | PD | ☒ Change ☐ Addition |
| NAME | UNDERWOOD, HENRY | | 6.2 NAME | | |
| STREET ADDRESS | 5066 SE 44TH ST KB | | 6.3 STREET ADDRESS | | |
| CITY-ST-ZIP | OKEECHOBEE FL | | 6.4 CITY-ST-ZIP | | |

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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:** Joyce Vidal SIGNATURE REQUIRED SECRETARY 4/13/99 941-763-3878
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
JOYCE VIDAL