2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 03, 2000 8:00 am
Secretary of State
04-03-2000 90155 047 ****61.25

DOCUMENT # N05352

1. Entity Name

KING'S BAY HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4466 SE 50 AVE OKEECHOBEE FL 34972-8633	4466 SE 50 AVENUE OKEECHOBEE FL 34974-2345 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 59-2568011 ☐ 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
CAMERON, COLIN M 200 NE 4TH AVE OKEECHOBEE FL 34974	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.

SIGNATURE JACK LEVINE TREAS. Jack Levine 3-29-00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VIDAL, JOYCE 4250 SE 50TH AVENUE OKEECHOBEE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD DONALD FREY 4243 S.E. 50 TH AVE OKEECHOBEE FL. 34974	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PIRRE, SANDRA 4211 SE 49TH CT OKEECHOBEE FL 34974	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD JACK LEVINE 5200 SE 43 RD ST OKEECHOBEE FL 34974	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MULL, ROBERT 5103 SE 42ND TRACE OKEECHOBEE FL 34974	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROBERT MULL 5103 SE 42ND TRACE OKEECHOBEE FL 34974	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MASTERSON, THOMAS 4694 SE 44TH ST OKEECHOBEE FL 34974	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD SUSANNE MILLER 4415 SE 50 TH AVE OKEECHOBEE FL. 34974	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TUNKS, WILLIAM 5100 SE 42ND TRACE OKEECHOBEE FL 34974	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD MICHAEL ANDERSON 7650 HYWAY 78 W. OKEECHOBEE FL 34974	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD UNDERWOOD, HENRY 5066 SE 44TH ST KB OKEECHOBEE FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: SIGNATURE REQUIRED Donald R. Frey 3-29-00 1-863-763-9595
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #