

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2001 8:00 am
Secretary of State
 02-27-2001 90325 025 ****70.00

DOCUMENT # N05352

1. Entity 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**

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

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
**PD
 FREY, DONALD
 4243 SE 50 AVENUE
 OKEECHOBEE FL 34974** ☐ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
EXECUTIVE DONALD ☐ Change ☐ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**TD
 LEVINE, JACK
 5200 SE 43 STREET
 OKEECHOBEE FL 34974** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**TD
 ALBERTA C. COONS
 5264 SE 42ND ST
 Okeechobee FL 34974** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 MULL, ROBERT
 5103 SE 42ND TRACE
 OKEECHOBEE FL 34974** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**D
 BERTRAM BROWN
 4980 SE 44th ST
 Okeechobee FL 34974** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VD
 MILLER, SUSANNE
 4415 SE 50 AVENUE
 OKEECHOBEE FL 34974** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**VD
 MICHAEL ANDERSON
 7650 HWY 78 WEST
 Okeechobee FL 34974** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**SD
 ANDERSON, MICHAEL
 7650 HWY 78 WEST
 OKEECHOBEE FL 34974** ☒ Delete

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
**SD
 RUSSELL L. COONS
 5264 SE 42ND ST
 Okeechobee FL 34974** ☐ Change ☒ Addition

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP
☐ 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:

MICHAEL B. ANDERSON
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)