2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 21, 2002 8:00 am
Secretary of State
02-21-2002 90092 037 ****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 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 _____
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	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD COONS, ALBERTA C 5264 S.E. 42ND ST OKEECHOBEE FL 34974	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD King, Doanyelle C. 5164 SE 42nd Trace OKeechobee, FL 34974 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BROWN, BERTRAM 4980 SE 44TH ST. OKEECHOBEE FL 34974	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Millette, Terry L 500 NE 138th St. OKeechobee, FL 34972 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD ANDERSON, MICHAEL 7650 HWY 78 WEST OKEECHOBEE FL 34974	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD COONS, RUSSELL L 5264 SE 42ND ST OKEECHOBEE FL 34974	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD Murphy, Allison C 5106 SE 43rd Trace 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: Doanyelle C King/Doanyelle C King 2/10/02 (863) 467-7070 ext. 210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (9/01)