

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05352

FILED
Jan 31, 2006
Secretary of State

Entity Name: KING'S BAY HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4466 SE 50 AVE
OKEECHOBEE, FL 349742345

New Principal Place of Business:

Current Mailing Address:

4466 SE 50 AVENUE
OKEECHOBEE, FL 349742345 US

New Mailing Address:

FEI Number: 59-2568011

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CAMERON, COLIN M
200 NE 4TH AVE
OKEECHOBEE, FL 349722981 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: HICKS, VINA
Address: 5006 SE 43RD TRACE
City-St-Zip: OKEECHOBEE, FL 349742309

Title: VPD () Delete
Name: WRIGHT, SUSAN
Address: 5216 SE 42ND TRACE
City-St-Zip: OKEECHOBEE, FL 349741108

Title: PD () Delete
Name: JURS, MARY
Address: 5001 SE 42ND TRACE
City-St-Zip: OKEECHOBEE, FL 349741132

Title: TD () Delete
Name: COONS, ALBERTA
Address: 5264 SE 42ND ST
City-St-Zip: OKEECHOBEE, FL 349741104

Title: SD () Delete
Name: CLARK, SUE
Address: 5001 SE 42ND TRACE
City-St-Zip: OKEECHOBEE, FL 349741132

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DVP (X) Change () Addition
Name: HICKS, VINA
Address: 5006 SE 43RD TRACE
City-St-Zip: OKEECHOBEE, FL 349742309

Title: D (X) Change () Addition
Name: STEWARD, LYNN
Address: 5004 SE 42ND STREET
City-St-Zip: OKEECHOBEE, FL 349741157

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TD (X) Change () Addition
Name: COONS, ALBERTA C
Address: 5264 SE 42ND ST
City-St-Zip: OKEECHOBEE, FL 349741104

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARY JURS

P

01/31/2006

Electronic Signature of Signing Officer or Director

Date