## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N05352

FILED Feb 09, 2007 Secretary of State

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

Current Principal Place of Business:			New Prince	New Principal Place of Business:		
4466 SE 50 OKEECHO	0 AVE 0BEE, FL 349	742345				
Current Mailing Address:			New Maili	New Mailing Address:		
	O AVENUE OBEE, FL 349	742345 US				
FEI Number:	59-2568011	FEI Number Applied For()	FEI Number Not App	olicable ( ) Certificate of Status Desired ( )		
Name and	Address of C	Current Registered Agent:	Name and	d Address of New Registered Agent:		
200 NE 4T	N, COLIN M H AVE DBEE, FL 349	722981 US				
	named entity : e of Florida.	submits this statement for the p	ourpose of changing i	its registered office or registered agent, or both	١,	
SIGNATUR	RE:					
	Electror	nic Signature of Registered Age	ent	Date	_	
OFFICERS	S AND DIREC	TORS:	ADDITION	NS/CHANGES TO OFFICERS AND DIRECTO	RS:	
Title: Name: Address: City-St-Zip:	HICKS, VINA 5006 SE 43RD OKEECHOBEE	, FL 349742309	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
Title: Name: Address: City-St-Zip:	STEWARD, LY 5004 SE 42ND		Title: Name: Address: City-St-Zip:	D (X) Change ( ) Addition DAVIS, SANDRA 5216 SE 42ND TRACE OKEECHOBEE, FL 349741108		
Title: Name: Address: City-St-Zip:	JURS, MARY 5001 SE 42ND	Delete TRACE , FL 349741132	Title: Name: Address: City-St-Zip:	()Change()Addition		
Title: Name: Address: City-St-Zip:	COONS, ALBE 5264 SE 42ND		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition		
	SD ( ) CLARK, SUE	) Delete	Title: Name:	( ) Change ( ) Addition		

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 PD 02/09/2007