

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 APR 13 PM 3: 03

**DOCUMENT # N13469 (4)**

1. Corporation Name

**KING'S BAY COMMUNITY ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

P.O. BOX 771021  
WINTER GARDEN FL 34777

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WINTER GARDEN FL 34777

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/18/1986** 3a. Date of Last Report **05/01/1994**  
4. FEI Number **NOT APPLICABLE** Applied For   
Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 29 Zip Country  
24 25 28 30

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RONALD, PENNINGTON**  
421 TIMBERCREEK DR. N.  
WINTER GARDEN FL 34787

81 Name **JEROME P. CARRIS**  
82 Street Address (P.O. Box Number is Not Acceptable) **47 BAYSIDE AVENUE**  
83 **WINTER GARDEN, FLORIDA**  
84 City **FL** 85 Zip Code **34787**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **JEROME P. carris** *Jerome P. Carris* **4/10/95**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renouncing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>GROVER, CASTEL</del>	12 NAME	<b>HAMILTON, STEVEN</b>
STREET ADDRESS	<del>434 TIMBER CREEK DR. S.</del>	13 STREET ADDRESS	<b>344 PARK AVE.</b>
CITY - ST - ZIP	<del>WINTER GARDEN FL 34787</del>	14 CITY - ST - ZIP	<b>WINTER GARDEN, FL 34787</b>
TITLE	<b>T</b>	21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>RONALD, PENNINGTON</del>	22 NAME	<b>CARRIS, JEROME</b>
STREET ADDRESS	<del>421 TIMBERCREEK DR. N.</del>	23 STREET ADDRESS	<b>347 BAYSIDE AVE</b>
CITY - ST - ZIP	<del>WINTER GARDEN FL 34787</del>	24 CITY - ST - ZIP	<b>WINTER GARDEN, FL 34787</b>
TITLE	<b>S</b>	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WAGMAN, LINDA</b>	32 NAME	<b>D PENNINGTON, RONALD</b>
STREET ADDRESS	<b>307 BAYSIDE AVE.</b>	33 STREET ADDRESS	<b>421 TIMBERCREEK DR N.</b>
CITY - ST - ZIP	<b>WINTER GARDEN FL 34787</b>	34 CITY - ST - ZIP	<b>WINTER GARDEN, FL 34787</b>
TITLE	<b>D</b>	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<del>CARRIS, JERRY</del>	42 NAME	
STREET ADDRESS	<del>47 BAYSIDE AVE.</del>	43 STREET ADDRESS	
CITY - ST - ZIP	<del>WINTER GARDEN FL 34787</del>	44 CITY - ST - ZIP	
TITLE	<b>D</b>	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBERTS, TOM</b>	52 NAME	
STREET ADDRESS	<b>324 BAYSIDE</b>	53 STREET ADDRESS	
CITY - ST - ZIP	<b>WINTER GARDEN FL 34787</b>	54 CITY - ST - ZIP	
TITLE	<b>D</b>	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HAMILTON, SUSAN, G</b>	62 NAME	
STREET ADDRESS	<b>344 N. PARK AVE.</b>	63 STREET ADDRESS	
CITY - ST - ZIP	<b>WINTER GARDEN FL 34787</b>	64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **JEROME P. CARRIS** *Jerome P. Carris* **4/10/95** (407) 656-1882  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR