

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N13469 (4)

1. Corporation Name

KING'S BAY COMMUNITY ASSOCIATION, INC.

Principal Place of Business

P.O. BOX 771021
WINTER GARDEN FL 34777

Mailing Address

P.O. BOX 771021
WINTER GARDEN FL 34777



3. Date Incorporated or Qualified
02/18/1986

3a. Date of Last Report
04/13/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JEROME P CARRIS
347 BAYSIDE AVENUE
WINTER GARDEN, FL
WINTER GARDEN FL 34787

81 Name

SUZANNE HENRY

82 Street Address (P.O. Box Number is Not Acceptable)

305 WEIR DRIVE

83

WINTER GARDEN

84 City

WINTER GARDEN

FL

85 Zip Code

34787

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

TREASURER

04/15/96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	HAMILTON, STEVEN	
STREET ADDRESS	344 PARK AVE	
CITY-ST-ZIP	WINTER GARDEN FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	CARRIS, JEROME	
STREET ADDRESS	347 BAYSIDE AVE	
CITY-ST-ZIP	WINTER GARDEN FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PENNINGTON, RONALD	
STREET ADDRESS	421 TIMBERCREEK DR N	
CITY-ST-ZIP	WINTER GARDEN FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CARRIS, JERRY	
STREET ADDRESS	347 BAYSIDE AVE.	
CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ROBERTS, TOM	
STREET ADDRESS	324 BAYSIDE	
CITY-ST-ZIP	WINTER GARDEN FL 34787	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HAMILTON, SUSAN, G	
STREET ADDRESS	344 N. PARK AVE.	
CITY-ST-ZIP	WINTER GARDEN FL 34787	

1.1 TITLE	PENNINGTON, RONALD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	421 TIMBERCREEK DR. N.	
1.3 STREET ADDRESS	WINTER GARDEN, FL. 34787	
1.4 CITY-ST-ZIP		
2.1 TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	HENRY, SUZANNE	
2.3 STREET ADDRESS	305 WEIR DR.	
2.4 CITY-ST-ZIP	WINTER GARDEN, FL. 34787	
3.1 TITLE	S PENNINGTON, BARBARA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	421 TIMBERCREEK DR. N.	
3.3 STREET ADDRESS	WINTER GARDEN, FL. 34787	
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	CANFIELD, MARY	
4.3 STREET ADDRESS	332 BAYSIDE AV.	
4.4 CITY-ST-ZIP	WINTER GARDEN, FL. 34787	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	DALEY, BRAD	
5.3 STREET ADDRESS	401 TIMBERCREEK DR. N.	
5.4 CITY-ST-ZIP	WINTER GARDEN, FL. 34787	
6.1 TITLE	D.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	REED, BETTY A.	
6.3 STREET ADDRESS	311 BAYSIDE AVE.	
6.4 CITY-ST-ZIP	WINTER GARDEN, FL. 34787	

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 119.07(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SUZANNE HENRY

04/15/96

Date

Daytime Phone #

CR2E037 (12/95)