

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N13469

1. Entity 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

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

NOT APPLICABLE

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

CANFIELDS, JEFFREY M
332 BAYSIDE AVE
WINTER GARDEN FL 34787

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
After September 13, 2000 min. will be \$236.25

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 P
NAME GALLAGHER, JAMES
STREET ADDRESS 411 TIMBERCREEK DR
CITY-ST-ZIP WINTER GARDEN FL

TITLE D
NAME Gallagher, James
STREET ADDRESS 411 Timbercreek Dr. N.
CITY-ST-ZIP Winter Garden Fl. 34787

TITLE T
NAME CANFIELD, JEFFREY M
STREET ADDRESS 332 BAYSIDE AVE
CITY-ST-ZIP WINTER GARDEN FL

TITLE S
NAME Canfield Jeffrey
STREET ADDRESS 332 Bayside Ave
CITY-ST-ZIP Winter Garden Fl. 34787

TITLE D
NAME SPENNINGTON, BARBARA
STREET ADDRESS 421 TIMBERCREEK DR N
CITY-ST-ZIP WINTER GARDEN FL

TITLE T
NAME Jerome Carris
STREET ADDRESS 347 Bayside Ave.
CITY-ST-ZIP WINTER GARDEN FL

TITLE D
NAME CANFIELD, MARY
STREET ADDRESS 332 BAYSIDE AVE
CITY-ST-ZIP WINTER GARDEN FL

TITLE D
NAME Steve Hamilton
STREET ADDRESS 344 Park Ave
CITY-ST-ZIP Winter Garden Fl.

TITLE D
NAME DALEY, BRAD
STREET ADDRESS 401 TIMBERCREEK DR N
CITY-ST-ZIP WINTER GARDEN FL

TITLE D
NAME Betty Reed.
STREET ADDRESS 311 Bayside Ave
CITY-ST-ZIP Winter Garden Fl.

TITLE D
NAME HAMILTON, SUSAN, G
STREET ADDRESS 344 N. PARK AVE.
CITY-ST-ZIP WINTER GARDEN FL 34787

TITLE P
NAME Hamilton Susan G.
STREET ADDRESS 344 Park Ave
CITY-ST-ZIP Winter Garden Fl 34787

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Jul 12, 2000 8:00 am
Secretary of State

07-12-2000 90008 026 ****61.25



DO NOT WRITE IN THIS SPACE

10-107 (4-00)