

# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 16, 2001 8:00 am**  
**Secretary of State**

03-16-2001 90028 048 \*\*\*\*61.25

0082711

**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

*Jeffrey M Canfield*

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

(NOTE: Registered Agent signature required when reinstating)

*1/11/01*

DATE

**FILE NOW:**  
**FEE IS \$61.25**

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

TITLE ☒ Change ☐ Addition  
 NAME **G**  
 STREET ADDRESS **GALLAGHER, JAMES**  
 CITY-ST-ZIP **411 TIMBERCREEK DR N.**  
**WINTER GARDEN FL 34787**

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

TITLE ☒ Change ☐ Addition  
 NAME **S**  
 STREET ADDRESS **CANFIELD, JEFFREY M.**  
 CITY-ST-ZIP **332 BAYSIDE AVE**  
**WINTER GARDEN, FL 34787**

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

TITLE ☐ Change ☒ Addition  
 NAME **O**  
 STREET ADDRESS **ROBERT PHELPS**  
 CITY-ST-ZIP **320 BAYSIDE AVE**  
**WINTER GARDEN, FL 34787**

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

TITLE ☐ Change ☐ Addition  
 NAME **D**  
 STREET ADDRESS **WALTER ~~SMITH~~ BUTLERWORTH**  
 CITY-ST-ZIP **300 N. Park Ave**  
**WINTER GARDEN, FL 34787**

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

TITLE ☐ Change ☒ Addition  
 NAME **T**  
 STREET ADDRESS **JERRY CARRIS**  
 CITY-ST-ZIP **341 BAYSIDE AVE**  
**WINTER GARDEN, FL 34787**

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

TITLE ☐ Change ☐ Addition  
 NAME **D**  
 STREET ADDRESS **HAMILTON, STAVE**  
 CITY-ST-ZIP **344 N. PARK AVE.**  
**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:

*Jerry Carris*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*3/13/01 407-656-1882*  
 Date Daytime Phone #

CR2E037 (10/00)