


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 12, 2005 8:00 am
Secretary of State

01-12-2005 90005 030 ****61.25

DOCUMENT # N13469
 1. Entity Name
KING'S BAY COMMUNITY ASSOCIATION, INC.



Principal Place of Business
**P.O. BOX 1021
 WINTER GARDEN, FL 34777**

Mailing Address
**P.O. BOX 1021
 WINTER GARDEN, FL 34777**

50001792



2. Principal Place of Business
 Suite, Apt. #, etc.
P.O. Box 771021

3. Mailing Address
 Suite, Apt. #, etc.
P.O. Box 771021

01102005 Chg-NP CR2E037 (10/03)

City & State
WINTER GARDEN, FL

City & State
WINTER GARDEN, FL

Zip
34777

Country
USA

Zip
34777

Country

4. FEI Number
NOT APPLICABLE

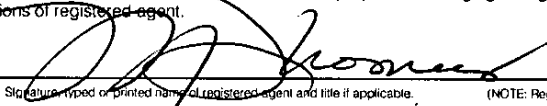
Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
**HAMILTON, STEVEN W
 344 N PARK AVE
 WINTER GARDEN, FL 34787**

7. Name and Address of New Registered Agent
 Name **MIKE THOMAS**
 Street Address (P.O. Box Number is Not Acceptable)
401 TIMBERCREEK DR. N.
 City **WINTER GARDEN FL** Zip Code **34787**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **JAN 10, 2005**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
 Due by May 1, 2005**

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

Make check payable to Florida Department of State

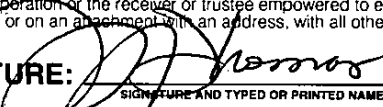
10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	GALLANGER, JAMES	
STREET ADDRESS	411 TIMBER CREEK DR N	
CITY-ST-ZIP	WINTER GARDEN, FL 34787	
TITLE	S	<input type="checkbox"/> Delete
NAME	CANFIELD, JEFFREY M	
STREET ADDRESS	332 BAYSIDE AVE	
CITY-ST-ZIP	WINTER GARDEN, FL 34787	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	PHELPS, ROBERT	
STREET ADDRESS	320 BAYSIDE AVE	
CITY-ST-ZIP	WINTER GARDEN, FL 34787	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUTTERWORTH, WALTER	
STREET ADDRESS	300 N PARK AVE	
CITY-ST-ZIP	WINTER GARDEN, FL 34787	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	CARRIS, JERRY	
STREET ADDRESS	347 BAYSIDE AVE	
CITY-ST-ZIP	WINTER GARDEN, FL 34787	
TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	HAMILTON, STEVE	
STREET ADDRESS	344 N. PARK AVE.	
CITY-ST-ZIP	WINTER GARDEN, FL 34787	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CONNIE THOMAS	
STREET ADDRESS	401 TIMBERCREEK DR. N.	
CITY-ST-ZIP	WINTER GARDEN, FL 34787	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:  **MIKE THOMAS** **PRESIDENT JAN 10, 2005**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

407 877 2266