2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N13469 1. Entity Name KING'S BAY COMMUNITY ASSOCIATION, INC.				01-12-2005 90005 030 ****61.25			
Principal Plac P.O. BOX 10 WINTER GAR		Mailing Address P.O. BOX 1021 WINTER GARDEN, FL 34	4777			50001	792
,	Place of Business	3. Mailing Address					
		Suite, Apt. #, etc.			ng-NP CR2E03	37 (10/03)	
	RGORDEN, FL	Winter G	PROEN, FL	4. FEI Number NOT APPLI	CABLE	Not A	ied For Applicable
347	77 Country' USA	34777	Country	5. Certificate of St	atus Desired	\$8.75 Additional Fee Required	onal
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
HAMILTON, STEVEN W			Name M	MIKETHOMAS			
344 N PARK AVE WINTER GARDEN, FL 34787			Street Address	Street Address (P.O. Box Number is Not Acceptable) TIMBER CREEK DR. N.			
		4					
		City Win	City WINTER GARDEN FL 34787				
the of Stigat	named entity submits this statement for ions of registered agent. Signature upod orbinied named Legistered agent.	ered agent, or both, in		Zoらら	nd accept		
	Filing Fee is \$61.25 Due by May 1, 2005	Trust Fund C	npaign Financing contribution.	\$5.00 May Be Added to Fees	* Make chec * Florida Depai	k payable to tment of Stat	te
10. OFFICERS AND DIRECTORS			11.	ADDITIONS/CHANG	ES TO OFFICERS AND DI		
NAME STREET ADDRESS CITY-ST-ZIP	D GALLANGER, JAMES 411 TIMBER CREEK DR N WINTER GARDEN, FL 34787	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP	S CANFIELD, JEFFREY M 332 BAYSIDE AVE WINTER GARDEN, FL 34787	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	,		Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PHELPS, ROBERT 320 BAYSIDE AVE WINTER GARDEN, FL 34787	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition .
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUTTERWORTH, WALTER 300 N PARK AVE WINTER GARDEN, FL 34787	□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition

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 absolute of the corporation of the receiver of trustee empowered.

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

CARRIS, JERRY

347 BAYSIDE AVE

HAMILTON, STEVE

344 N. PARK AVE.

WINTER GARDEN, FL 34787

WINTER GARDEN, FL 34787

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

MIKETHOMAS AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Detete

Detete

CONDIE THOMPS

401 TIM BERCEREK DR. N.

Change

☐ Change

Addition

34787