2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2006
Secretary of State

DOCUMENT# N13469

Entity Name: KING'S BAY COMMUNITY ASSOCIATION, INC.

Current Principal Place of Business:

P.O. BOX 771021
WINTER GARDEN, FL 34777

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 771021
WINTER GARDEN, FL 34777

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

THOMAS, MIKE
401 TIMBER CREEK DR. N.
WINTER GARDEN, FL 34787 US

Name and Address of New Registered Agent:

THOMAS, MIKE
401 TIMBERCREEK DR. N.
WINTER GARDEN, FL 34787 US

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: 01/16/2006
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: GALLANGER, JAMES
Address: 411 TIMBER CREEK DR N
City-St-Zip: WINTER GARDEN, FL 34787

Title: S (X) Delete
Name: CANFIELD, JEFFREY M
Address: 332 BAYSIDE AVE
City-St-Zip: WINTER GARDEN, FL 34787

Title: D ( ) Delete
Name: THOMAS, CONNIE
Address: 401 TIMBERCREEK DR. N.
City-St-Zip: WINTER GARDEN, FL 34787

Title: D ( ) Delete
Name: BUTTERWORTH, WALTER
Address: 300 N PARK AVE
City-St-Zip: WINTER GARDEN, FL 34787

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MIKE THOMAS PRES 01/16/2006
Electronic Signature of Signing Officer or Director — Date