

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Jan 24, 2007  
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:**

401 TIMBERCREEK DR. N  
WINTER GARDEN, FL 34787

**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 TIMBERCREEK DR. N.  
WINTER GARDEN, FL 34787    US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

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:                      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:

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: CONNIE THOMAS

D

01/24/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date