2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2009
Secretary of State

DOCUMENT# N42987

Entity Name: KINGS BAY PROPERTY OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

17260 CASTLEVIEW DRIVE
NORTH FORT MYERS, FL 33917 US

New Principal Place of Business:

Current Mailing Address:

17260 CASTLEVIEW DRIVE
NORTH FORT MYERS, FL 33917 US

New Mailing Address:

FEI Number: 59-2816895 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BOS, ANDREW D T
17229 CASTLEVIEW DR
NORTH FORT MYERS, FL 33917 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: DP ( ) Delete
Name: SOUTHWARD, DAVE
Address: 17190 WATERSEDGE CIRCLE
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: DV ( ) Delete
Name: ROSS, DONALD
Address: 17250 CASTLEVIEW DRIVE
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: S ( ) Delete
Name: JACKSON, PATRICA
Address: 17166 WATERS EDGE CIRCLE
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: DVT ( ) Delete
Name: CARLEY, KATHLEEN
Address: 17146 WATERS EDGE CIRCLE
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: DT (X) Delete
Name: BOS, ANDREW D
Address: 17229 CASTLEVIEW DR
City-St-Zip: NORTH FORT MYERS, FL 33917

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DV (X) Change ( ) Addition
Name: NEWHOUSE, WILLIAM
Address: 17209CASTLEVIEW DRIVE
City-St-Zip: NORTH FORT MYERS, FL 33917

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

Title: DT (X) Change ( ) Addition
Name: BOS, ANDREW D
Address: 17229 CASTLEVIEW DR
City-St-Zip: NORTH FORT MYERS, FL 33917

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

I hereby certify that the information supplied with this filing does not qualify 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: AD BOS DT 02/12/2009

Electronic Signature of Signing Officer or Director — Date