

FILE NOW: FILING FEE IS \$61.25

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May 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000001172 (3)**

1. Corporation Name  
**KING'S BAY SUBDIVISION HOMEOWNERS' ASSOCIATION, INC.**



Principal Place of Business <b>C/O HARVEY I. REISEMAN. ESO. 46 SW 1ST ST. SUITE 400 MIAMI FL 33130 422 NORTHEAST 195 ST. MIAMI, FL. 33179</b>	Mailing Address <b>C/O HARVEY I. REISEMAN. ESO. 46 SW 1ST ST. SUITE 400 MIAMI FL 33130 422 NORTHEAST 195 ST. MIAMI, FL. 33179</b>
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3. Date Incorporated or Qualified <b>03/04/1986</b>	3a. Date of Last Report <b>NEW</b>
4. FEI Number <b>65-0739189</b>	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

21. Principal Place of Business Suite, Apt. #, etc.	26. Mailing Address <b>422 NORTHEAST 195 ST.</b>
22. City & State	27. City & State <b>MIAMI, FLA.</b>
23. Zip <b>33179</b>	28. Country
24. Zip <b>33179</b>	25. Country
29. Zip <b>33179</b>	30. Country

9. Name and Address of Current Registered Agent

**REISEMAN, HARVEY I  
46 SW 1ST ST, SUITE 400  
MIAMI FL 33130  
422 NORTHEAST 195 ST.  
MIAMI, FL. 33179**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code <b>FL</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept, the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* DATE: \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>YENZER, STEVE</b>	
STREET ADDRESS	<b>6380 SW 147 TERR</b>	
CITY-ST-ZIP	<b>MIAMI FL 33158</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>STEVENS, TOM</b>	
STREET ADDRESS	<b>6380 SW 145 ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33158</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>SAMWAY, MICHAEL</b>	
STREET ADDRESS	<b>6540 SW 147 ST</b>	
CITY-ST-ZIP	<b>MIAMI FL 33158</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MARANTO, MILES</b>	
STREET ADDRESS	<b>6230 SW 147 TERR</b>	
CITY-ST-ZIP	<b>MIAMI FL 33158</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LEONARD, TAL</b>	
STREET ADDRESS	<b>6285 SW 147 TERR</b>	
CITY-ST-ZIP	<b>MIAMI FL 33158</b>	
TITLE	<b>ASSISTANT SECRETARY</b>	<input type="checkbox"/> DELETE
NAME	<b>HARVEY I. REISEMAN</b>	
STREET ADDRESS	<b>422 N.E. 195 ST</b>	
CITY-ST-ZIP	<b>MIAMI, FLA. 33179</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **4/28/97**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: **HARVEY I. REISEMAN, Ass't Sec.**  
Date: **305-770-0088**

CR2E037 (9/96)