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FILED
May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000001172 (3)
1. Corporation Name

KING'S BAY SUBDIVISION HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business Mailing Address

427 NORTHEAST 195 ST
MIAMI FL 33179
US

422 NE 195 ST
46 SW 1ST ST. SUITE 400
MIAMI FL 33179
US

3. Date Incorporated or Qualified
03/04/1996

4. FEI Number
65-0739189

Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 6540 SW 147 St. 26 6540 SW 147 St.

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 Miami, Fla. 28 Miami, Fla.

Zip Country Zip Country

24 33158 25 29 33158 30

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

REISEMAN, HARVEY I
46 SW 1ST ST, SUITE 400
MIAMI FL 33130

10. Name and Address of New Registered Agent

81 Name J. MICHAEL SAMWAY

82 Street Address (P.O. Box Number is Not Acceptable)

83 6540 SW 147 St.

84 City Miami FL 85 Zip Code 33158

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 *Michael Samway* DATE 4/25/98

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BORBOLLA, Ignacio	
1.3 STREET ADDRESS	6210 SW 145 St.	
1.4 CITY-ST-ZIP	Miami, FL. 33158	
2.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	OLSEN, Kathleen	
2.3 STREET ADDRESS	6215 SW 145 St.	
2.4 CITY-ST-ZIP	Miami, FL. 33158	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	PERRY, Jim	
5.3 STREET ADDRESS	6345 SW 145 St.	
5.4 CITY-ST-ZIP	Miami, FL. 33158	
6.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	SMITH, JOY	
6.3 STREET ADDRESS	14625 SW 63 St.	
6.4 CITY-ST-ZIP	Miami, FL. 33158	

14. 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 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: *Michael Samway* DATE: 4/25/98 DAYTIME PHONE: 305/575-6290

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (10/97)