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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N96000001172

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

Principal Place of Business

6540 SW 147TH ST
 MIAMI FL 33158
 US

Mailing Address

6540 SW 147TH ST
 MIAMI FL 33158
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified
03/04/1996

4. FEI Number
65-0739189

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

SAMWAY, J. MICHAEL
6540 SW 147TH ST
MIAMI FL 33158

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE
 NAME **D BORBOLLA, IGNACIO**
 STREET ADDRESS **6210 SW 145TH ST**
 CITY-ST-ZIP **MIAMI FL 33158**

TITLE DELETE
 NAME **D OLSEN, KATHLEEN**
 STREET ADDRESS **6215 SW 145TH ST**
 CITY-ST-ZIP **MIAMI FL 33158**

TITLE DELETE
 NAME **D SAMWAY, MICHAEL**
 STREET ADDRESS **6540 SW 147 ST**
 CITY-ST-ZIP **MIAMI FL 33158**

TITLE DELETE
 NAME **D MARANTO, MILES**
 STREET ADDRESS **6230 SW 147 TERR**
 CITY-ST-ZIP **MIAMI FL 33158**

TITLE DELETE
 NAME **D PERRY, JIM**
 STREET ADDRESS **6345 SW 145TH ST**
 CITY-ST-ZIP **MIAMI FL 33158**

TITLE DELETE
 NAME **D SMITH, JOY**
 STREET ADDRESS **14625 SW 63RD COURT**
 CITY-ST-ZIP **MIAMI FL 33158**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME **D Stevens, Tom**
 1.3 STREET ADDRESS **6380 SW 145 St.**
 1.4 CITY-ST-ZIP **MIAMI, FL. 33158**

2.1 TITLE Change Addition
 2.2 NAME **D Yenger, Steve**
 2.3 STREET ADDRESS **6380 SW 147 Terrace**
 2.4 CITY-ST-ZIP **MIAMI, FL. 33158**

3.1 TITLE Change Addition
 3.2 NAME **D Rubin, Alan**
 3.3 STREET ADDRESS **6225 SW 145 St.**
 3.4 CITY-ST-ZIP **MIAMI, FL. 33158**

4.1 TITLE Change Addition
 4.2 NAME **D Martin, Pata**
 4.3 STREET ADDRESS **14610 SW 65 Ave.**
 4.4 CITY-ST-ZIP **MIAMI, FL. 33158**

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

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 it changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael Samway
SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/17/99 305/575-6290
 Date Daytime Phone #

CR2E037 (11/98)