Applied For

\$8.75 Additional

Zip Code

Fee Required

Not Applicable

## 2002 UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # N9600001172

KING'S BAY SUBDIVISION HOMEOWNERS' ASSOCIATION. INC.

Principal Place of Business 6540 SW 147TH ST MIAMI FL 33158

Mailing Address

6540 SW 147TH ST MIAMI FL 33158

2. Principal Place of Business Suite, Apt. #, etc.

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

Zip

3. Mailing Address

Suite, Apt. #, etc.

City & State

Country 6. Name and Address of Current Registered Agent

City & State

Zip

5. Certificate of Status Desired

7. Name and Address of New Registered Agent

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

4. FEI Number

City

(NOTE: Registered Agent signature regulred when reinstating)

Country

8. 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.

FILE NOW: FEE IS \$61.25

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

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

DATE

FILED

05-28-2002 91638 015 \*\*\*\*61.25

DO NOT WRITE IN THIS SPACE

65-0739189

10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. Delete TITLE TITLE Addition NAME YENZER, STEVE NAME 6240 SW 1145 Lt. STREET ADDRESS 6380 SW 147 TER. STREET ADDRESS Muni, Pt 33/18 CITY-ST-ZIP MIAMI FL 33158 CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition HILL, DAVE NAME NAME 4630 SW 66 0M STREET ADDRESS 6601 SW 145 ST. STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33158** CITY-ST-2iP humi- F1.33158 TITLE Delete TITLE Tom Householder ☐ Change Addition NAME SAMWAY, MICHAEL NAME 6411 SW 145 ft STREET ADDRESS 6540 SW 147 ST STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33158** CITY-ST-7IP Delete TITLE TITLE Addition ☐ Change MARANTO, MILES NAME NAME STREET ADDRESS 6230 SW 147 TERR 4610 SW 65 aug. STREET ADDRESS CITY-ST-ZIP MIAMI FL 33158 CITY-ST-ZIP Delete TITLE Addition ☐ Change PERRY, JIM NAME NAME STREET ADDRESS 14520 SW 64 CT

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

MIAMI FL 33158

STEVENS, TOM

6380 SW 145 ST.

**MIAMI FL 33158** 

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAMIGH BASTO

☐ Delete

625 SW 63 Ct.

Milimi . Pt. 33158

☐ Addition