

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 06, 2005
Secretary of State

DOCUMENT# N96000001172

Entity Name: KING'S BAY SUBDIVISION HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

6540 SW 147TH ST
MIAMI, FL 33158 US

New Principal Place of Business:

Current Mailing Address:

6540 SW 147TH ST
MIAMI, FL 33158 US

New Mailing Address:

FEI Number: 65-0739189 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

SAMWAY, J. MICHAEL
6540 SW 147TH ST
MIAMI, FL 33158 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: D () Delete
Name: BRADBURY, DOUG
Address: 6240 SW 145 CT
City-St-Zip: MIAMI, FL 33158

Title: D () Delete
Name: HAMPTON, JIM
Address: 14630 SW 66 AVE
City-St-Zip: MIAMI, FL 33158

Title: D () Delete
Name: SAMWAY, MICHAEL
Address: 6540 SW 147 ST
City-St-Zip: MIAMI, FL 33158

Title: D () Delete
Name: HILL, DAVE
Address: 6601 145 ST
City-St-Zip: MIAMI, FL 33158

Title: D () Delete
Name: SMITH, JIM
Address: 14625 SW 63 CT.
City-St-Zip: MIAMI, FL 33158

Title: D () Delete
Name: MARONTO, MILES
Address: 6230 147 TER.
City-St-Zip: MIAMI, FL 33158

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: J. MICHAEL SAMWAY

D

05/06/2005

Electronic Signature of Signing Officer or Director

_____ Date