

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 26, 2007 8:00 am
Secretary of State

06-26-2007 90001 028 ****61.25

EP DVN FOU!\$ N96000001172
 2/ Entity Name
 KING'S BAY SUBDIVISION HOMEOWNERS' ASSOCIATION, INC.



40121040

Principal Place of Business
 7651!TX!258U !TU
 NENJ!GM44269!!!!!!VT

Mailing Address
 7651!TX!258U !TU
 NENJ!GM44269!!!!!!VT



2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

Zip Country

06122007 Di h.OQ DS3F 148 J23017*

4. FEI Number
 65-0739189

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by September 14, 2007

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

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HODGES, JENNIFER	
STREET ADDRESS	14731 SW 63RD CT	
CITY-ST-ZIP	MIAMI, FL 33158	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HAMPTON, JIM	
STREET ADDRESS	14630 SW 66 AVE	
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	HILL, DAVE	
STREET ADDRESS	6601 145 ST	
CITY-ST-ZIP	MIAMI, FL 33158	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, JIM	
STREET ADDRESS	14625 SW 63 CT.	
CITY-ST-ZIP	MIAMI, FL 33158	
TITLE	D	<input type="checkbox"/> Delete
NAME	MARONTO, MILES	
STREET ADDRESS	6230 147 TER.	
CITY-ST-ZIP	MIAMI, FL 33158	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Nunes, Rudy</i>	
STREET ADDRESS	<i>14645 SW 164th Ave.</i>	
CITY-ST-ZIP	<i>Miami, FL 33158</i>	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>Harlow, Jon</i>	
STREET ADDRESS	<i>6410 SW 147 Ter.</i>	
CITY-ST-ZIP	<i>Miami, FL 33158</i>	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<i>Marquez, Juan</i>	
STREET ADDRESS	<i>19501 SW 63 Ct.</i>	
CITY-ST-ZIP	<i>Miami, FL 33158</i>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE: Michael Samway 6/21/07 305-238-9003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #