


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 14, 2008 8:00 am
Secretary of State

03-14-2008 90045 001 ****61.25

DOCUMENT # N96000001172					
1. Entity Name KING'S BAY SUBDIVISION HOMEOWNERS' ASSOCIATION, INC.					
Principal Place of Business 6540 SW 147TH ST <i>Mahi Dr.</i> MIAMI, FL 33158 US <i>Coral Gables,</i>		Mailing Address 6540 SW 147TH ST <i>Mahi Dr.</i> MIAMI, FL 33158 US <i>Coral Gables,</i>		30045	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address		01292008 Chg-NP CR2E037 (12/06)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 65-0739189	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SAMWAY, J. MICHAEL 6540 SW 147TH ST <i>Mahi Drive</i> MIAMI, FL 33158 <i>Coral Gables,</i>			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	NUNEZ, RUDY	NAME	NUNEZ, RUDY		
STREET ADDRESS	14645 SW 104TH AVE	STREET ADDRESS	14645 Snapper Dr.		
CITY-ST-ZIP	MIAMI, FL 33158	CITY-ST-ZIP	Coral Gables, FL 33158		
TITLE	D <input checked="" type="checkbox"/> Delete	TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	HAMPTON, JIM	NAME	HARLOW, LISA		
STREET ADDRESS	6410 SW 147 TERR	STREET ADDRESS	6410 Dolphin Dr.		
CITY-ST-ZIP	MIAMI, FL 33158 <i>deceased</i>	CITY-ST-ZIP	Coral Gables, FL 33158		
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SAMWAY, MICHAEL	NAME	6540 Mahi Dr.		
STREET ADDRESS	6540 SW 147 ST	STREET ADDRESS	Coral Gables, FL 33158		
CITY-ST-ZIP	MIAMI, FL 33158	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HILL, DAVE	NAME	6601 Maxlin Dr.		
STREET ADDRESS	6601 146 ST	STREET ADDRESS	Coral Gables, FL 33158		
CITY-ST-ZIP	MIAMI, FL 33158	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SMITH, JIM	NAME	14625 Sailfish Dr.		
STREET ADDRESS	14625 SW 63 CT.	STREET ADDRESS	Coral Gables, FL 33158		
CITY-ST-ZIP	MIAMI, FL 33158	CITY-ST-ZIP			
TITLE	D <input type="checkbox"/> Delete	TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MARONTO, MILES	NAME	6230 Dolphin Dr.		
STREET ADDRESS	6230 147 TER.	STREET ADDRESS	Coral Gables, FL 33158		
CITY-ST-ZIP	MIAMI, FL 33158	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: <i>Michael Samway</i>		3/11/08		786-367-3570	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

Addition:
 D MARTINEZ HENRY
 14501 Sailfish Dr.
 Coral Gables, FL 33158