

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000001172

FILED
Jun 22, 2009
Secretary of State

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

Current Principal Place of Business:

6540 MAHI DR.
CORAL GABLES, FL 33158 US

New Principal Place of Business:

Current Mailing Address:

6540 MAHI DR.
CORAL GABLES, 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 MAHI DRIVE
CORAL GABLES, 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: NUNNEZ, RUDY
Address: 14645 SNAPPER DR.
City-St-Zip: CORAL GABLES, FL 33158

Title: D () Delete
Name: HARLOW, LISA
Address: 6410 DOLPHIN DR.
City-St-Zip: MIAMI, FL 33158

Title: D () Delete
Name: SAMWAY, MICHAEL
Address: 6540 MAHI DR.
City-St-Zip: CORAL GABLES, FL 33158

Title: D () Delete
Name: HILL, DAVE
Address: 6601 MAHI DR.
City-St-Zip: CORAL GABLES, FL 33158

Title: D () Delete
Name: SMITH, JIM
Address: 14625 DOLPHIN DR.
City-St-Zip: CORAL GABLES, FL 33158

Title: D () Delete
Name: MARONTO, MILES
Address: 6230 DOLPHIN DR.
City-St-Zip: CORAL GABLES, FL 33158

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: NUNEZ, RUDY
Address: 14645 SNAPPER DR.
City-St-Zip: CORAL GABLES, FL 33158

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: D (X) Change () Addition
Name: MARTINEZ, HENRY
Address: 14501 SAILFISH DR.
City-St-Zip: CORAL GABLES, FL 33158

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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

06/22/2009

Electronic Signature of Signing Officer or Director

Date