

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 30, 2003 8:00 am**  
**Secretary of State**

01-30-2003 90136 012 \*\*\*\*61.25

**DOCUMENT # N96000001172**  
1. Entity Name  
**KING'S BAY SUBDIVISION HOMEOWNERS' ASSOCIATION, INC.**



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

Mailing Address  
**6540 SW 147TH ST  
MIAMI FL 33158  
US**

**90013837**



CHECK HERE IF MAKING CHANGES

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

3. Mailing Address  
Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-0739189**

Applied For  
Not Applicable

Zip Country

Zip Country

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

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 NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BRADBURY, DOUG</b> <b>6240 SW 145 CT,</b> <b>MIAMI FL 33158</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HAMPTON, JIM</b> <b>14630 SW 66 AVE</b> <b>MIAMI FL 33158</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SAMWAY, MICHAEL</b> <b>6540 SW 147 ST</b> <b>MIAMI FL 33158</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>HOUSEHOLDER, TOM</b> <b>6411 SW SW 145 ST.</b> <b>MIAMI FL 33158</b> <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SMITH, JIM</b> <b>14625 SW 63 CT.</b> <b>MIAMI FL 33158</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>STEVENS, TOM</b> <b>6380 SW 145 ST.</b> <b>MIAMI FL 33158</b> <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Purita Martin</b> <b>14610 SW 65 Ave.</b> <b>Miami, Fla. 33158</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Jesse Liso</b> <b>6220 SW 144 St.</b> <b>Miami, Fla. 33158</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>Miriam Frometa</b> <b>6430 SW 144 St.</b> <b>Miami, Fla. 33158</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing 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.

SIGNATURE: Michael Samway **J. MICHAEL SAMWAY** 1/28/03 786-367-3570

CR2E037 (10/02)