

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 10, 2007 08:00 AM
Secretary of State

DOCUMENT # N98000001093

1. Entity Name
THE SPRINGS ON KING'S BAY EAST A CONDOMINIUM
ASSOCIATION, INC.



Principal Place of Business
249 NW BAY PATH DRIVE
CRYSTAL RIVER, FL 34428

Mailing Address
249 NW BAY PATH DR.
CRYSTAL RIVER, FL 34428



07022007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3498043

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SHAW, ELIZBETH M
249 BAY PATH DR
CRYSTAL RIVER, FL 34428

**DO NOT WRITE
IN THIS SPACE**

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

Elizabeth M Shaw

(NOTE: Registered Agent Signature required when reinstating)

7/3/07

DATE

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

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

U00000767446
07/10/07-90005-015 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
WILLIAM, S PICK
247 NW BAY PARK DR
CRYSTAL RIVER, FL 34428

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
GUDIS, MICHAEL L
253 NW BAY PATH LANE
CRYSTAL RIVER, FL 34418

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
SHAW, ELIZABETH
249 NW BAY PATH DR.
CRYSTAL RIVER, FL 34428

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE**

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:

Elizabeth M Shaw

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/3/07

DATE

352-564-8217

Daytime Phone #