

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR 13 PM 3:03

DOCUMENT # N13469 (4)

1. Corporation Name

KING'S BAY COMMUNITY ASSOCIATION, INC.

Principal Place of Business

Mailing Address

P.O. BOX 771021
WINTER GARDEN FL 34777

P.O. BOX 771021
WINTER GARDEN FL 34777

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **02/18/1986** 3a. Date of Last Report **05/01/1994**
4. FEI Number **NOT APPLICABLE** Applied For
Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
23 Zip Country	28 Zip Country	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/> \$68.75 Supplemental Fee Not Required
24 Zip 25 Country	29 Zip 30 Country	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

8. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RONALD, PENNINGTON
421 TIMBERCREEK DR. N.
WINTER GARDEN FL 34787

81 Name **JEROME P. CARRIS**
82 Street Address (P.O. Box Number is Not Acceptable) **47 BAYSIDE AVENUE**
83 City **WINTER GARDEN, FLORIDA**
84 City **FL** **85** Zip Code **34787**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE **JEROME P. carris** *Jerome P. Carris* **4/10/95**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when renouncing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	GROVER, GASTEL	11 TITLE P	HAMILTON, STEVEN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	434 TIMBER CREEK DR. S.	12 NAME	344 PARK AVE.
STREET ADDRESS	WINTER GARDEN FL 34787	13 STREET ADDRESS	WINTER GARDEN, FL 34787
CITY - ST - ZIP		14 CITY - ST - ZIP	
TITLE T	RONALD, PENNINGTON	21 TITLE T	CARRIS, JEROME <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	421 TIMBERCREEK DR. N.	22 NAME	347 BAYSIDE AVE
STREET ADDRESS	WINTER GARDEN FL 34787	23 STREET ADDRESS	WINTER GARDEN, FL 34787
CITY - ST - ZIP		24 CITY - ST - ZIP	
TITLE S	WAGMAN, LINDA	31 TITLE D	PENNINGTON, RONALD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	307 BAYSIDE AVE.	32 NAME	421 TIMBERCREEK DR N.
STREET ADDRESS	WINTER GARDEN FL 34787	33 STREET ADDRESS	WINTER GARDEN, FL 34787
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE D	CARRIS, JERRY	41 TITLE	
NAME	47 BAYSIDE AVE.	42 NAME	
STREET ADDRESS	WINTER GARDEN FL 34787	43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE D	ROBERTS, TOM	51 TITLE	
NAME	324 BAYSIDE	52 NAME	
STREET ADDRESS	WINTER GARDEN FL 34787	53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE D	HAMILTON, SUSAN, G	61 TITLE	
NAME	344 N. PARK AVE.	62 NAME	
STREET ADDRESS	WINTER GARDEN FL 34787	63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **JEROME P. CARRIS** *Jerome P. Carris* **4/10/95** (407) 656-1882
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR