

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N13469** (4)

1. Corporation Name
KING'S BAY COMMUNITY ASSOCIATION, INC.



Principal Place of Business: P.O. BOX 771021 WINTER GARDEN FL 34777
Mailing Address: P.O. BOX 771021 WINTER GARDEN FL 34777

3. Date Incorporated or Qualified: **02/18/1986**
3a. Date of Last Report: **04/13/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	NOT APPLICABLE	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country
24	25	29	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	

JEROME P CARRIS
347 BAYSIDE AVENUE
WINTER GARDEN, FL
WINTER GARDEN FL 34787

81 Name: **SUZANNE HENRY**
82 Street Address (P.O. Box Number is Not Acceptable): **305 WEIR DRIVE**
83 City: **WINTER GARDEN**
84 City: **WINTER GARDEN** FL 85 Zip Code: **34787**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* **TREASURER** DATE: **04/15/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input checked="" type="checkbox"/> DELETE	1.1 TITLE	PENNINGTON, RONALD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMILTON, STEVEN	1.2 NAME	421 TIMBERCREEK DR. N.
STREET ADDRESS	344 PARK AVE	1.3 STREET ADDRESS	WINTER GARDEN, FL. 34787
CITY-ST-ZIP	WINTER GARDEN FL	1.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	2.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARRIS, JEROME	2.2 NAME	HENRY, SUZANNE
STREET ADDRESS	347 BAYSIDE AVE	2.3 STREET ADDRESS	305 WEIR DR.
CITY-ST-ZIP	WINTER GARDEN FL	2.4 CITY-ST-ZIP	WINTER GARDEN, FL. 34787
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PENNINGTON, RONALD	3.2 NAME	PENNINGTON, BARBARA
STREET ADDRESS	421 TIMBERCREEK DR N	3.3 STREET ADDRESS	421 TIMBERCREEK DR. N.
CITY-ST-ZIP	WINTER GARDEN FL	3.4 CITY-ST-ZIP	WINTER GARDEN, FL. 34787
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARRIS, JERRY	4.2 NAME	CANFIELD, MARY
STREET ADDRESS	347 BAYSIDE AVE.	4.3 STREET ADDRESS	332 BAYSIDE AV.
CITY-ST-ZIP	WINTER GARDEN FL 34787	4.4 CITY-ST-ZIP	WINTER GARDEN, FL. 34787
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, TOM	5.2 NAME	DALEY, BRAD
STREET ADDRESS	324 BAYSIDE	5.3 STREET ADDRESS	401 TIMBERCREEK DR. N.
CITY-ST-ZIP	WINTER GARDEN FL 34787	5.4 CITY-ST-ZIP	WINTER GARDEN, FL. 34787
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	D. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HAMILTON, SUSAN, G	6.2 NAME	REED, BETTY A.
STREET ADDRESS	344 N. PARK AVE.	6.3 STREET ADDRESS	311 BAYSIDE AVE.
CITY-ST-ZIP	WINTER GARDEN FL 34787	6.4 CITY-ST-ZIP	WINTER GARDEN, FL. 34787

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 119.07(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: *[Signature]* **SUZANNE HENRY** DATE: **04/15/96**

CR2E037 (12/95)