

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 12, 2000 8:00 am
Secretary of State

07-12-2000 90008 026 ****61.25



DO NOT WRITE IN THIS SPACE

DOCUMENT # N13469
1. Entity Name
KING'S BAY COMMUNITY ASSOCIATION, INC.

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

2. Principal Place of Business **3. Mailing Address**
Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State **City & State**

Zip **Country** **Zip** **Country**

4. FEI Number **Applied For**
NOT APPLICABLE **Not Applicable**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
CANFIELDS, JEFFREY M
332 BAYSIDE AVE
WINTER GARDEN FL 34787

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.
SIGNATURE _____ **DATE** _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25
After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GALLAGHER, JAMES 411 TIMBERCREEK DR WINTER GARDEN FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CANFIELD, JEFFREY M 332 BAYSIDE AVE WINTER GARDEN FL <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SPENNINGTON, BARBARA 421 TIMBERCREEK DR N WINTER GARDEN FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CANFIELD, MARY 332 BAYSIDE AVE WINTER GARDEN FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DALEY, BRAD 401 TIMBERCREEK DR N WINTER GARDEN FL <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAMILTON, SUSAN, G 344 N. PARK AVE. WINTER GARDEN FL 34787 <input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Gallagher, James <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 411 Timbercreek Dr. N. Winter Garden Fl. 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Canfield Jeffrey <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 332 Bayside Ave Winter Garden Fl. 34787
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Jerome Carris <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 347 Bayside Ave. WINTER GARDEN FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Steve Hamilton <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 344 Park Ave Winter Garden Fl.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Betty Reed. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 311 Bayside Ave Winter Garden Fl.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P. Hamilton Susan G. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 344 Park Ave Winter Garden Fl 34787

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: Jerome Carris **REQUIRE** Jerome Carris **2/6/00** **907-656-1862**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #