

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 09, 2002 8:00 am**  
**Secretary of State**

05-09-2002 90079 028 \*\*\*\*61.25

**DOCUMENT # N13469**  
 1. Entity 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
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DO NOT WRITE IN THIS SPACE

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	<b>NOT APPLICABLE</b>	Applied For	<input type="checkbox"/>
		Not Applicable	<input type="checkbox"/>
5. Certificate of Status Desired	<input type="checkbox"/>	\$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 **STEVEN W. HAMILTON**  
 Street Address (P.O. Box Number is Not Acceptable)  
**344 N. PARK AVE**  
 City **WINTER GARDEN** FL **34787**

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 *Steven W. Hamilton* **STEVEN W. HAMILTON** Treasurer **4/24/02**  
Signature, typed or printed name of registered agent and title if applicable. (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 Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>GALLANGER, JAMES</b> <b>411 TIMBER CREEK DR N</b> <b>WINTER GARDEN FL 34787</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <input type="checkbox"/> Delete <b>CANFIELD, JEFFREY M</b> <b>332 BAYSIDE AVE</b> <b>WINTER GARDEN FL 34787</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>PHELPS, ROBERT</b> <b>320 BAYSIDE AVE</b> <b>WINTER GARDEN FL 34787</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>BUTTERWORTH, WALTER</b> <b>300 N PARK AVE</b> <b>WINTER GARDEN FL 34787</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <input type="checkbox"/> Delete <b>CARRIS, JERRY</b> <b>347 BAYSIDE AVE</b> <b>WINTER GARDEN FL 34787</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <input type="checkbox"/> Delete <b>HAMILTON, STEVE</b> <b>344 N. PARK AVE.</b> <b>WINTER GARDEN FL 34787</b>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
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 checked="" type="checkbox"/> Addition <b>REED, BETTY D</b> <b>311 BAYSIDE AVE</b> <b>WINTER GARDEN, FL 34787</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>HAMILTON, SUSIE</b> <b>344 N. PARK AVE</b> <b>WINTER GARDEN, FL 34787</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>HAMILTON, STEVE</b> <b>344 N. PARK AVE</b> <b>WINTER GARDEN, FL 34787</b>

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 I am empowered.

SIGNATURE: *Steven W. Hamilton* **STEVEN W. HAMILTON** Treasurer **407-656-8222**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)