

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05352

Entity Name: KING'S BAY HOMEOWNERS ASSOCIATION, INC.**Current Principal Place of Business:**4466 SE 50 AVE
OKEECHOBEE, FL 34974-2345**Current Mailing Address:**4466 SE 50 AVE
OKEECHOBEE, FL 34974-2345**FEI Number:** 59-2568011**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**COLIN M. CAMERON, ESQ., P.A.
200 NE 4TH AVE
OKEECHOBEE, FL 34972-2981 US*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:**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title SECRETARY, DIRECTOR
Name RAULERSON, CATHY
Address 5112 SE 43RD TRACE
City-State-Zip: OKEECHOBEE FL 34974-2311

Title PRESIDENT, DIRECTOR
Name JURS, MARY
Address 5001 SE 42ND TRACE
City-State-Zip: OKEECHOBEE FL 34974-1132

Title DIRECTOR, VP
Name MOYETT, COURTNEY E
Address 4229 SE 49TH CT
City-State-Zip: OKEECHOBEE FL 34974-2320

Title DIRECTOR, TREASURER
Name CLARK, SUE
Address 5001 SE 42ND TRACE
City-State-Zip: OKEECHOBEE FL 34974-1132

Title DIRECTOR
Name WALSH, DENNIS
Address 5265 SE 42ND TRCE
City-State-Zip: OKEECHOBEE FL 34974-1111

Title DIRECTOR
Name WALSH, PATRICIA
Address 5265 SE 42ND TRCE
City-State-Zip: OKEECHOBEE FL 34974-1111

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MARY JURS**PRESIDENT****01/28/2020**

Electronic Signature of Signing Officer/Director Detail

Date