

2014 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	STD
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	D
Name	MAGUIRE, RONALD
Address	4880 SE 44TH STREET
City-State-Zip:	OKEECHOBEE FL 34974-2347

Title	VP, DIRECTOR
Name	WRIGHT, SUE
Address	5216 SE 24TH TRACE
City-State-Zip:	OKEECHOBEE FL 34974

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

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****03/07/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date