DOCUMENT# N96000001172

Entity Name: KING'S BAY SUBDIVISION HOMEOWNERS' ASSOCIATION, INC.

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

Current Principal Place of Business:

14520 SNAPPER DRIVE CORAL GABLES, FL 33158

Current Mailing Address:

14520 SNAPPER DRIVE CORAL GABLES, FL 33158 US

FEI Number: 65-0739189

Name and Address of Current Registered Agent:

CAVE CAYCEDO, VIRGINIA 14520 SNAPPER DRIVE CORAL GABLES, FL 33158 US Certificate of Status Desired: No

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

Officer/Director Detail :

Title	D	Title	PRESIDENT
Name	NUNEZ, RUDY	Name	DICKINSON, ROD
Address	14645 SNAPPER DR.	Address	6520 MAHI DRIVE
City-State-Zip:	CORAL GABLES FL 33158	City-State-Zip:	CORAL GABLES FL 33158
Title	TREASURER	Title	VP
Name	CAVE CAYCEDO, VIRGINIA	Name	MARONTO, MILES
Address	14520 SNAPPER DRIVE	Address	6230 DOLPHIN DR.
City-State-Zip:	CORAL GABLES FL 33158	City-State-Zip:	CORAL GABLES FL 33158
Title	DIRECTOR	Title	DIRECTOR
Title Name	DIRECTOR ANEZ-STARK, MERCY	Title Name	DIRECTOR VOLOVAR, STEVE
Name	ANEZ-STARK, MERCY 14600 SNAPPER DRIVE	Name	VOLOVAR, STEVE
Name Address	ANEZ-STARK, MERCY 14600 SNAPPER DRIVE	Name Address	VOLOVAR, STEVE 6500 MARLIN DRIVE
Name Address City-State-Zip:	ANEZ-STARK, MERCY 14600 SNAPPER DRIVE CORAL GABLES FL 33158	Name Address City-State-Zip:	VOLOVAR, STEVE 6500 MARLIN DRIVE CORAL GABLES FL 33158
Name Address City-State-Zip: Title	ANEZ-STARK, MERCY 14600 SNAPPER DRIVE CORAL GABLES FL 33158 DIRECTOR	Name Address City-State-Zip: Title	VOLOVAR, STEVE 6500 MARLIN DRIVE CORAL GABLES FL 33158 DIRECTOR
Name Address City-State-Zip: Title Name	ANEZ-STARK, MERCY 14600 SNAPPER DRIVE CORAL GABLES FL 33158 DIRECTOR BOYETTE, STEFANI 6380 MITCHELL DRIVE	Name Address City-State-Zip: Title Name	VOLOVAR, STEVE 6500 MARLIN DRIVE CORAL GABLES FL 33158 DIRECTOR HILL, DAVE

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: VIRGINIA CAVE CAYCEDO

TREASURER

04/21/2014

Date

Electronic Signature of Signing Officer/Director Detail

Date