

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

4-21-95-B-4152 APPROVED AND FILED

95 APR 21 AM 9:45

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 727754 (4)
1. Corporation Name
LAKE KATHRYN ESTATES HOMEOWNERS ASSOCIATION, INC

2. Principal Place of Business
21 881 ROYAL PALM DR
CASSELBERRY FL 32707
US

2a. Mailing Address
26 881 ROYAL PALM DR
CASSELBERRY FL 32707

22 Suite, Apt. #, etc.
27 Suite, Apt. #, etc.

23 City & State
28 City & State

24 Zip Country
25 Country
29 Zip Country
30 Country

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/15/1973
3a. Date of Last Report 04/08/1994

4. FEI Number NOT APPLICABLE
Applied For Not Applicable

5. Certificate of Status Desired \$6.75 Additional Fee Required

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
BARGER, NANCY B
881 ROYAL PALM DR.
CASSELBERRY FL 32707

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORBETT, VIRGINIA	1.2 NAME	
STREET ADDRESS	951 MAHOGANY DR	1.3 STREET ADDRESS	
CITY - ST - ZIP	CASSELBERRY FL	1.4 CITY - ST - ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARGER, NANCY B	2.2 NAME	
STREET ADDRESS	881 ROYAL PALM DR	2.3 STREET ADDRESS	
CITY - ST - ZIP	CASSELBERRY FL 32707	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CHRISTIANSEN, FRIEDA	3.2 NAME	
STREET ADDRESS	985 OLIVE DR	3.3 STREET ADDRESS	
CITY - ST - ZIP	CASSELBERRY FL 32707	3.4 CITY - ST - ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEUMEYER, JOHN	4.2 NAME	
STREET ADDRESS	1098 MANGO DR	4.3 STREET ADDRESS	
CITY - ST - ZIP	CASSELBERRY FL 32707	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VICTOR, CHARLES	5.2 NAME	
STREET ADDRESS	923 MANGO DR	5.3 STREET ADDRESS	
CITY - ST - ZIP	CASSELBERRY FL 32707	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Nancy B. Barger 4/10/95 407
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 695 8327