

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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



Principal Place of Business: 861 ROYAL PALM DR. CASSELBERRY FL 32707 US
Mailing Address: 881 ROYAL PALM DR CASSELBERRY FL 32707

3. Date Incorporated or Qualified: 10/15/1973
3a. Date of Last Report: 04/21/1995

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with sub-headers for Suite, City & State, Zip, and Country.

4. FEI Number: NOT APPLICABLE
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
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 (81-85) fields for Name, Street Address, City, and Zip Code.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE	T <input type="checkbox"/> DELETE
NAME	CORBETT, VIRGINIA
STREET ADDRESS	951 MAHOGANY DR
CITY-ST-ZIP	CASSELBERRY FL
TITLE	D <input type="checkbox"/> DELETE
NAME	BARGER, NANCY B
STREET ADDRESS	881 ROYAL PALM DR
CITY-ST-ZIP	CASSELBERRY FL 32707
TITLE	D <input type="checkbox"/> DELETE
NAME	CHRISTIANSEN, FRIEDA
STREET ADDRESS	985 OLIVE DR
CITY-ST-ZIP	CASSELBERRY FL 32707
TITLE	D <input type="checkbox"/> DELETE
NAME	NEUMEYER, JOHN
STREET ADDRESS	1098 MANGO DR
CITY-ST-ZIP	CASSELBERRY FL 32707
TITLE	D <input type="checkbox"/> DELETE
NAME	VICTOR, CHARLES
STREET ADDRESS	923 MANGO DR
CITY-ST-ZIP	CASSELBERRY FL 32707
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 NANCY B. BARGER 1/22/96 407/695-8327
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)