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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **727754** **(4)**

1. Corporation Name

LAKE KATHRYN ESTATES HOMEOWNERS ASSOCIATION, INC

Principal Place of Business	Mailing Address
881 ROYAL PALM DR. CASSELBERRY FL 32707 US	881 ROYAL PALM DR CASSELBERRY FL 32707-2740

3. Date Incorporated or Qualified: **10/15/1973**
3a. Date of Last Report: **02/01/1996**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22 / 27
City & State — 23 / 28
Zip — 24 / Country — 25 / Zip — 29 / Country — 30

4. FEI Number: **NOT APPLICABLE** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$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	10. Name and Address of New Registered Agent
BARGER, NANCY B 881 ROYAL PALM DR. CASSELBERRY FL 32707	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 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	☐ DELETE	1.1 TITLE	☐ Change ☐ 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~~	☑ DELETE	2.1 TITLE	☐ Change ☐ 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	☐ DELETE	3.1 TITLE	☐ Change ☐ 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	☐ DELETE	4.1 TITLE	☐ Change ☐ 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	☐ DELETE	5.1 TITLE	☐ Change ☐ 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		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Virginia Corbett SIGNATURE Virginia Corbett 1/23/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0012801