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**Mar 03 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # **727754 (4)**

1. Corporation Name
LAKE KATHRYN ESTATES HOMEOWNERS ASSOCIATION, INC



Principal Place of Business
**985 OLIVE DR
881 ROYAL PALM DR
CASSELBERRY FL 32707
US**

Mailing Address
**985 OLIVE DR
881 ROYAL PALM DR
CASSELBERRY FL 32707**

3. Date Incorporated or Qualified
10/15/1973

4. FEI Number
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**

7. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
 Yes No

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. Zip

25. Country

29. Zip

30. Country

9. Name and Address of Current Registered Agent

**BARGER, NANCY B
881 ROYAL PALM DR.
CASSELBERRY FL 32707**

**CHRISTIANSEN, FRIEDA
985 OLIVE DR
CASSELBERRY FL
32707**

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City **FL** B5 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 *Karl W. Stairs* **PRESIDENT (KARL W. STAIRS) 16 FEB 1998**

(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	S SECRETARY	<input type="checkbox"/> DELETE
NAME	CHRISTIANSEN, FRIEDA	
STREET ADDRESS	985 OLIVE DR	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	NEUMEYER, JOHN	
STREET ADDRESS	1098 MANGO DR	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	VICTOR, CHARLES	
STREET ADDRESS	923 MANGO DR	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE	D PRESIDENT	<input type="checkbox"/> DELETE
NAME	STAIRS, KARL W.	
STREET ADDRESS	727 LAKE KATHRYN CIR	
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 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: *Karl W. Stairs* **PRESIDENT 6 FEB 98** **407-699-8098**

CR2E037 (10/97)