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Feb 22, 1999 8:00 am
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02-22-1999 90107 045 ****61.25

NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 727754

1. Corporation Name
LAKE KATHRYN ESTATES HOMEOWNERS ASSOCIATION, INC

Principal Place of Business
 985 OLIVE DR
 CASSELBERRY FL 32707
 US

Mailing Address
 985 OLIVE DR
 CASSELBERRY FL 32707
 US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		10/15/1973	
City & State		City & State		4. FEI Number	
Zip		Zip		NOT APPLICABLE	
Country		Country		Applied For	
25		30		Not Applicable	
5. Certificate of Status Desired		6. Election Campaign Financing		\$8.75 Additional Fee Required	
<input type="checkbox"/>		<input type="checkbox"/>		\$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		

CHRISTIANSEN, FRIEDA
 985 OLIVE DR
 CASSELBERRY FL 32707

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
T CORBETT, VIRGINIA 951 MAHOGANY DR CASSELBERRY FL	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
S-Dir CHRISTIANSEN, FRIEDA 985 OLIVE DR CASSELBERRY FL 32707	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D NEUMEYER, JOHN 1098 MANGO DR CASSELBERRY FL 32707	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	DIR. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D VICTOR, CHARLES 923 MANGO DR CASSELBERRY FL 32707	<input checked="" type="checkbox"/> DELETE	3.2 NAME	Lucille Polson
DP STAIRS, KARL W 727 LAKE KATHRYN CIR CASSELBERRY FL 32707	<input checked="" type="checkbox"/> DELETE	3.3 STREET ADDRESS	966 MAHOGANY
	<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	CASSELBERRY, FL 32707
		4.1 TITLE	DIR. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	MARGARET KRISANDRA
		4.3 STREET ADDRESS	891 MANGO DR
		4.4 CITY-ST-ZIP	CASSELBERRY, FL 32707
		5.1 TITLE	President-Dir. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	John Ward
		5.3 STREET ADDRESS	871 SPANISH MOSS
		5.4 CITY-ST-ZIP	CASSELBERRY, FL 32707
		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: Frieda J. Christiansen DATE: Jan 6, 1999 DAYTIME PHONE #: 407-699-9889
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (1/98)