2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2000 8:00 am
Secretary of State
01-19-2000 90314 035 ****61.25

DOCUMENT # 727754

1. Entity Name

LAKE KATHRYN ESTATES HOMEOWNERS ASSOCIATION, INC

Principal Place of Business	Mailing Address
985 OLIVE DR CASSELBERRY FL 32707 US	985 OLIVE DR CASSELBERRY FL 32707-2520 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CHRISTIANSEN, FRIEDA 985 OLIVE DR CASSELBERRY FL 32707	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: Frieda J. Christiansen (FRIEDA J. CHRISTIANSEN) — Signature, typed or printed name of registered agent and title if applicable.

HOME PHONE 407-699-9889 (NOTE: Registered Agent signature required when reinstating)

DATE 1/5/2000

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CORBETT, VIRGINIA 951 MAHOGANY DR CASSELBERRY FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/D CHRISTIANSEN, FRIEDA 985 OLIVE DR CASSELBERRY FL 32707	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D POLSON, LUCILLE 966 MAHOGANY CASSELBERRY FL 32707	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP/D RICHARD EDENFIELD 998 MAHOGANY CASSELBERRY, FL 32707 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KRISANDRA, MARGARET 891 MANGO DR CASSELBERRY FL 32707	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D IRENE WALLER 749 ORCHID CASSELBERRY, FL 32707 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P WARD, JOHN 871 SPANISH MOSS CASSELBERRY FL 32707	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DORIS MURDOCK 905 POINSETIA CASSELBERRY, FL 32707 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Richard Edenfield (RICHARD EDENFIELD-V/P-D) VICE PRES. — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/5/2000 — Date

407-695-8718 — Daytime Phone #