

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2001 8:00 am
Secretary of State

0021760

DOCUMENT # 727754

01-24-2001 90009 040 ****61.25

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
 US

2. Principal Place of Business

3. Mailing Address

1383 LAURA ST.

1383 LAURA ST.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

CASSELBERRY, FL

City & State

CASSELBERRY, FL

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Zip

32707

Country

USA

Zip

32707

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

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 **PATTI HIXENBAUGH**
 Street Address (P.O. Box Number is Not Acceptable)
1383 LAURA ST.

City **CASSELBERRY** FL Zip Code **32707**

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

Patti Hixenbaugh - Vice President

1/11/01
 DATE

**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	T CORBETT, VIRGINIA	<input type="checkbox"/> Delete
STREET ADDRESS	951 MAHOGANY DR	
CITY-ST-ZIP	CASSELBERRY FL	
TITLE NAME	S CHRISTIANSEN, FRIEDA	<input type="checkbox"/> Delete
STREET ADDRESS	985 OLIVE DR	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE NAME	VPD EDENFIELD, RICHARD	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	998 MAHOGANY	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE NAME	D KRISANDRA, MARGARET	<input type="checkbox"/> Delete
STREET ADDRESS	891 MANGO DR	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE NAME	P WARD, JOHN	<input type="checkbox"/> Delete
STREET ADDRESS	871 SPANISH MOSS	
CITY-ST-ZIP	CASSELBERRY FL 32707	
TITLE NAME	D WALLER, IRENE	<input type="checkbox"/> Delete
STREET ADDRESS	749 ORCHID	
CITY-ST-ZIP	CASSELBERRY FL 32707	

TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME		<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		
CITY-ST-ZIP		
TITLE NAME	VPD PATTI HIXENBAUGH	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	1383 LAURA ST.	
CITY-ST-ZIP	CASSELBERRY, FL 32707	
TITLE NAME	D DORIS MURDOCK	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	905 POINSETTIA	
CITY-ST-ZIP	CASSELBERRY, FL 32707	
TITLE NAME	D BEVERLY WERNER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	741 ORCHID AVE	
CITY-ST-ZIP	CASSELBERRY, FL 32707	
TITLE NAME	D Wilfred Bell	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	741 MAHOGANY DR	
CITY-ST-ZIP	CASSELBERRY, FL 32707	

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:

Patti Hixenbaugh

01/11/01 407-699-9151

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E037 (10/00)