

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Feb 08, 2002 8:00 am**  
**Secretary of State**

02-08-2002 90010 026 \*\*\*61.25

**DOCUMENT # 727754**

1. Entity Name

**LAKE KATHRYN ESTATES HOMEOWNERS ASSOCIATION, INC**

Principal Place of Business

Mailing Address

**1383 LAURA STREET  
 CASSELBERRY FL 32707  
 US**

**1383 LAURA STREET  
 CASSELBERRY FL 32707  
 US**

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



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HIXENBAUGH, PATTI  
 1283 LAURA STREET  
 CASSELBERRY FL 32707**

Name

**CORBETT, VIRGINIA**

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

City **951 Mahogany Drive**

**FL**

Zip Code

**32707**

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

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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

TITLE	<b>T</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CORBETT, VIRGINIA</b>	
STREET ADDRESS	<b>951 MAHOGANY DR</b>	
CITY-ST-ZIP	<b>CASSELBERRY FL</b>	
TITLE	<b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BEVINGER, Robert</b>	
STREET ADDRESS	<b>777 Royal Palm Pt.</b>	
CITY-ST-ZIP	<b>Casselberry, FL</b>	
TITLE	<b>VP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Mundlock, Donis</b>	
STREET ADDRESS	<b>905 PINESTAD ST.</b>	
CITY-ST-ZIP	<b>Casselberry, FL.</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MEGIORNO, Beauvais</b>	
STREET ADDRESS	<b>719 LAKE KATHRYN CIRCLE</b>	
CITY-ST-ZIP	<b>CASSELBERRY, FL.</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>KRISANDRA, Margaret</b>	
STREET ADDRESS	<b>891 MANGO RD</b>	
CITY-ST-ZIP	<b>Casselberry, FL.</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Barber-SIMPSON, VALERIE</b>	
STREET ADDRESS	<b>919 Laura, ST.</b>	
CITY-ST-ZIP	<b>Casselberry, Fla.</b>	

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:

**SIGNATURE REQUIRED** *Donis Mundlock v.p.* **1/24/02 (401) 699-9695**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/01)