


**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Feb 28, 2005 8:00 am**  
**Secretary of State**

02-28-2005 90226 031 \*\*\*\*61.25


**DOCUMENT # 727754**  
 1. Entity Name  
**LAKE KATHRYN ESTATES HOMEOWNERS ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
 999 MANGO DR 951 MAHOGANY DR  
 CASSELBERRY FL 32707 CASSELBERRY FL 32707  
 US US

2. Principal Place of Business 3. Mailing Address  
 Suite, Apt. #, etc. 951 Mahogany Drive Suite, Apt. #, etc.

City & State City & State  
 Casselberry, Fl. Casselberry, FL  
 Zip Country Zip Country  
 32707 Seminole



1st MOORE CR2E037 (10/04)

4. FEI Number **NO-T APPLICABLE** Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**MURDOCK, DORIS**  
**905 POINSETTIA ST.**  
**CASSELBERRY FL 32707**

7. Name and Address of New Registered Agent  
 Name **John Ward**  
 Street Address (P.O. Box Number is Not Acceptable) **871 Spanish Moss**  
**Casselberry, FL 32707**  
 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25 Due By May 1, 2005**

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

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> MURDOCK, DORIS E 905 POINSETTIA ST. CASSELBERRY FL 32707 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> HUSER, HILDA 671 LAKE KATHRYN CIR. CASSELBERRY FL 32707 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> HUSERTT, HILDA 671 LAKE KATHRYN CIRCLE CASSELBERRY FL 32707 <input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> WARD, JOHN 871 SPANISH MODD DR CASSELBERRY FL 32707 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> MILLER, LILLIAN 837 MAHOGANY DR CASSELBERRY FL 32707 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> VAN BETTERING, FRANK 727 LAKE KATHRYN CIR. CASSELBERRY FL 32707 <input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Louise Robbins</b> 1167 Laura Street Casselberry, FL 32707 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Pat Hixenbaugh</b> 1383 Laura Street Casselberry, FL 32707 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Ilga Blaich</b> 814 Dogwood Drive Casselberry, FL 32707 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Barbara Montesi</b> 1051 Mango Drive Casselberry, FL 32707 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Doris Murdock</b> 905 Pointsetta Street Casselberry, FL 32707 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: John Ward John Ward, Pres. 2-22-05  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

**ATTACHMENT**  
2005

50020170  
# 727754

**Lake Kathryn Estates  
Homeowners Association  
Officers & Board of Directors**

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President John Ward ✓  
Vice President Pat Hixenbaugh ✓  
Secretary Carole Ottati  
Treasurer Virginia Corbett

**Board Members**

Ilga Blaich ✓	814 Dogwood Drive	407 695-0775
Pat Hixenbaugh ✓	1383 Laura Street	407 699-9151
Lillian Miller ✓	837 Mahogany Drive	407 695-8140
Barbara Montesi ✓	1051 Mango Drive	407 699-1513
Doris Murdock ✓	905 Poinsettia Street	407 699-9695
Louise Robbins	1167 Laura Street	407 699-9207
John Ward	871 Spanish Moss	407 699-7842