2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 27, 2007 8:00 am
Secretary of State
08-10-2007 90048 004 ****61.25

DOCUMENT # 727754

1. Entity Name

LAKE KATHRYN ESTATES HOMEOWNERS ASSOCIATION, INC.

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

2nd MOORE CR2E037 (4/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
777 Royal Palm Dr	777 Royal Palm Dr
Suite, Apt. #, etc.	Suite, Apt. #, etc.
Casselberry, FL.	
City & State	City & State
	Casselberry, Fl
Zip: 32707 Country: Seminole	Zip: 32707 Country: Seminole

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	7. Name and Address of New Registered Agent
BEVENGER, ROBERT 777 ROYAL PALM 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Robert Bevenger — Robert Bevenger — 7/31/07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when electronically filing) DATE

FILE NOW: FEE IS $61.25 Due By September 5, 2007

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BEVENGER, ROBERT 777 ROYAL PALM DR CASSELBERRY FL 32707	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BEVENGER, ROBERT 777 Royal Palm Dr Casselberry, FL. 32707	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V WARD, JOHN 871 SPANISH MOSS CASSELBERRY FL 32707	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V MONTESI, BARBARA 1051 MANGO DRIVE CASSELBERRY, FL. 32707	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LLGA, BLAICH 814 DOGWOOD DRIVE CASSELBERRY FL 32707	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MURDOCK, DORIS CASSELBERRY, FL. 32707	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MONTESI, BARBARA 1051 MANGO DRIVE CASSELBERRY FL 32707	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D CORLISS, MARIE CASSELBERRY, FL 32707	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILFRED(BILL), HAMEL 834 MANGO DR CASSELBERRY FL 32707	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ELLIOT, PATRICIA CASSELBERRY, FL 32707	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAGER, GLENN 816 ROYAL PALM DR CASSELBERRY FL 32707	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HAGER, GLENN 616 ROYAL PALM CASSELBERRY, FL 32707	☑ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Robert Bevenger — Robert Bevenger — 7/31/07 — 407-260-0466
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #