

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727754

FILED
Jul 07, 2008
Secretary of State

Entity Name: LAKE KATHRYN ESTATES HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

777 ROYAL PALM
CASSELBERRY, FL 32707 US

New Principal Place of Business:

1319 LAURA STREET
CASSELBERRY, FL 32707 US

Current Mailing Address:

777 ROYAL PALM
CASSELBERRY, FL 32707 US

New Mailing Address:

1319 LAURA STREET
CASSELBERRY, FL 32707 US

FEI Number: 59-3072284 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

BEVENGER, ROBERT
777 ROYAL PALM DR
CASSELBERRY, FL 32707 US

Name and Address of New Registered Agent:

ELLIOTT, PATRICIA L
1319 LAURA STREET
CASSELBERRY, FL 32707 US

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: PATRICIA L ELLIOTT

07/07/2008

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: BEVENGER, ROBERT
Address: 777 ROYAL PALM DR
City-St-Zip: CASSELBERRY, FL 32707

Title: V () Delete
Name: MONTESI, BARBARA
Address: 1051 MANGO DRIVE
City-St-Zip: CASSELBERRY, FL 32707

Title: D () Delete
Name: MURDOCK, DORIS
Address: 814 DOGWOOD DRIVE
City-St-Zip: CASSELBERRY, FL 32707

Title: D () Delete
Name: CORLISS, MARIE
Address: 1051 MANGO DRIVE
City-St-Zip: CASSELBERRY, FL 32707

Title: D () Delete
Name: ELLIOT, PATRICIA
Address: 834 MANGO DR
City-St-Zip: CASSELBERRY, FL 32707

Title: D () Delete
Name: HAGER, GLENN
Address: 616 ROYAL PALM DR
City-St-Zip: CASSELBERRY, FL 32707

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MONTESI, BARBARA
Address: 1051 MANGO DRIVE
City-St-Zip: CASSELBERRY, FL 32707

Title: V (X) Change () Addition
Name: HAGER, GLENN
Address: 816 ROYAL PALM DR
City-St-Zip: CASSELBERRY, FL 32707

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TREA (X) Change () Addition
Name: ELLIOT, PATRICIA L
Address: 1319 LAURA STREET
City-St-Zip: CASSELBERRY, FL 32707

Title: D (X) Change () Addition
Name: VOGELSANG, JOANN
Address: 755 HOLLY HILL
City-St-Zip: CASSELBERRY, FL 32707

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PATRICIA L. ELLIOTT

TREA

07/07/2008

Electronic Signature of Signing Officer or Director

Date