NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Apr 07, 2003 8:00 am Secretary of State

DOCUMENT # 727754 1. Entity Name LAKE KATHRYN ESTATES	HOMEOWERS	
	SSOCIATION, INC.	

LAKE	KATHRYN ESTAT		(0.69 miles				
		ASSOCIATION,	ING.				
	DO NOT WRITE	IN THIC CD	ACE				
	DO NOT WATE		AUL				
2 Principal C	Place of Business	3. Mailing Address					
A A.	MAHOGANY DR	5 R ME					
Suite, Apt.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & Stat	SELBERRY, FL Country SEMINOLE	City & State		4. FEI Number		Applied For Not Applicable	
Zip	Country	Zip	Country		- 0 12 1 10		88.75 Additional
3270	SEMINOLE		-		5. Certificate of Sta		ee Required
			N	7	. Name and Addre	ss of Current Registered	Agent
		.	Name	DOR	IS MU	RDOCK	
	. DO NOT WE	(II.E	Street Ad	ldress (P	O. Box Number is N	lot Acceptable) - 3-7-	
	IN THIS SPA	ACE			A F D D	<u> </u>	
			CAS	56	LBERRY		Zin Code
			Oity	 		<u>FL</u>	32701
8. The above	e named entity submits this statement for t tions of registered agent.	the purpose of changing its re	egistered office or r	registere	d agent, or both, in t	the state of Florida. I am far	miliar with, and accept
tric obliga	tions or registered agent.						
SIGNATURE	Signature, typed or printed name of registered agent and	d title if applicable. (NOTE:	Registered Agent signatur	re required w	hen reinstating)	DATE	
		Ŧ					
Δ	FEE IS \$61.25	9. Election Camp Trust Fund Co			\$5.00 May Be Added to Fees	Make Check Florida Departi	
	Initial or Amended UBR	Trader and oc		_ ,	100e0 to 1 ees	I Wilde Depail	HEIR OF GLARE
10.	OFFICERS AND DIRE	CTORS					
TITLE	P.		TITLE				allega a persona a sa sa panda sa an an a Balanca managan kan manda kan manda
NAME STREET ADDRESS	DURIS É. MURDOCK.		NAME ANDRESS	A. A. A. A. Antonomia		Managhar Colon San San San San San San San San San Sa	The state of the second st
CITY-ST-ZIP	CASSELBERRY FL. 3	2707	CITY-ST-ZIP				
TITLE	V.		TITLE			•	
NAME	HILDA HUSER		NAME				
STREET ADDRESS	1671 LAKE KATHIN S		STREET ADDRESS				
CITY-ST-ZIP	CASSELBERRY, FL	32707	CITY-ST-ZIP				
TITLE NAME	VIAGINIA CORBETT		TITLE NAME				7
STREET ADDRESS	17) <u>.</u>	STREET ADDRESS				
CITY-ST-ZIP	CASSELBERRY FL	. 32107	CITY-ST-ZIP		DO.	NOT WRIT	
TITLE	s	•	TITLE ASSESSED AND ASSESSED AND ASSESSED AND ASSESSED AND ASSESSED AND ASSESSED AND ASSESSED ASSESSED.		TIAL	HIS SPAC	ENGRAGE DO
NAME	CAROLE OTTATI		NAME		114 1	THE STAC	,E
STREET ADDRESS	1177 FRANGYPANI LN		STREET ADDRESS				
CITY-ST-ZIP	CASSELBERRY, FL	32767	CITY-ST-ZIP				
TITLE NAME	ROSEMALIE HEISER		TITLE NAME				
STREET ADDRESS	659 HOLLY HILL AVE.		STREET ADDRESS				
CITY-ST-ZIP	CASSELBERRY FL 3		CITY-ST-ZIP				
TITLE	D		mie	Control Market No. 10 and	New Assessment of the State of	Martin at the state of the stat	
NAME	FRANK VAN METTERI	N V N CIK.	NAME				
STREET ADDRESS CITY-ST-ZIP	121 LAKE KATHRY		STREET ADDRESS CITY-ST-ZIP				
U111-51-ZIP	CASSELBERRY FL	· 52/10/	United the second states of	AMERICAN SERVICE			

12. Thereby 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

(407) 699-9695