

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

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

04-07-2003 91037 018 \*\*\*\*61.25

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



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**951 MAHOGANY DR.**  
Suite, Apt. #, etc.

3. Mailing Address  
**SAME**  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
**CASSELBERRY, FL**

City & State

4. FEI Number

Applied For  
 Not Applicable

Zip Country  
**32707 SEMINOLE**

Zip Country

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

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name **DORIS MURDOCK**  
Street Address (P.O. Box Number is Not Acceptable) **905 POINSETTIA ST.**  
**CASSELBERRY**  
City **FL** Zip Code **32707**

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

**FEE IS \$61.25**  
**Initial or Amended UBR**

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. DORIS E. MURDOCK 905 POINSETTIA ST. CASSELBERRY, FL 32707</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V. HILDA HUSER 671 LAKE KATHYN CIR CASSELBERRY, FL 32707</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T. VIRGINIA CORBETT 951 MAHOGANY DR. CASSELBERRY, FL 32707</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S. CAROLE OTTATI 1177 FRANGYANI LN. CASSELBERRY, FL 32707</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D. ROSEMARIE HEISER 659 HOLLYHILL AVE. CASSELBERRY, FL 32707</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D. FRANK VAN BETTERING 727 LAKE KATHRYN CIR. CASSELBERRY, FL 32707</b>

**DO NOT WRITE  
IN THIS SPACE**

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

SIGNATURE: **Doris E. Murdock** 3/31/03 (407) 699-9695

CR2E037B (12/02)