

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **765638** (2)  
1. Corporation Name

**LAKE KATHRYN RECREATION CLUB, INC.**



Principal Place of Business: 45531 PENNSYLVANIA ST. P.O. BOX 207 PAISLEY FL 32767-7207  
Mailing Address: 45531 PENNSYLVANIA ST. P.O. BOX 207 PAISLEY FL 32767-7207

3. Date Incorporated or Qualified: 10/26/1982  
3a. Date of Last Report: 03/10/1995

2. Principal Place of Business (21-24)  
2a. Mailing Address (26-30)  
22. Suite, Apt. #, etc.  
23. City & State  
24. Zip, Country

4. FEI Number: NOT APPLICABLE  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**AYLETT, GEORGE H**  
**45811 DEAR STREET**  
**PAISLEY FL 32767**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code: FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	SIMON, HAROLD
STREET ADDRESS	45540 OLEANDER ST
CITY-ST-ZIP	PAISLEY FL
TITLE	D <input type="checkbox"/> DELETE
NAME	HAYLETT, GEORGE
STREET ADDRESS	45811 DEER ST
CITY-ST-ZIP	PAISLEY FL
TITLE	T <input type="checkbox"/> DELETE
NAME	VIRLEE, HELENA
STREET ADDRESS	OLEANDER ST. 45517
CITY-ST-ZIP	PAISLEY FL
TITLE	D <input type="checkbox"/> DELETE
NAME	JOHNSON, DORA
STREET ADDRESS	28712 AZALEA AVE.
CITY-ST-ZIP	PAISLEY FL
TITLE	P <input checked="" type="checkbox"/> DELETE
NAME	STAATS, MILTON
STREET ADDRESS	46618 OAK ST
CITY-ST-ZIP	PAISLEY FL
TITLE	C <input checked="" type="checkbox"/> DELETE
NAME	RICH, CAROL
STREET ADDRESS	45681 PENNSYLVANIA ST
CITY-ST-ZIP	PAISLEY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	GRACE FRIZZELL
3.3 STREET ADDRESS	31 COUNTRY SQUIRE RD.
3.4 CITY-ST-ZIP	PAISLEY FL 32767
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MARY SIMON
4.3 STREET ADDRESS	45540 OLEANDER ST
4.4 CITY-ST-ZIP	PAISLEY FL 32767
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ALBERT KNOUSE
5.3 STREET ADDRESS	45542 PENNSYLVANIA ST
5.4 CITY-ST-ZIP	PAISLEY, FL 32767
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	RICHARD ROSSI
6.3 STREET ADDRESS	456 ST EXPRESS
6.4 CITY-ST-ZIP	PAISLEY, FL 32767

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: Feb 25 1996 TELEPHONE: 904 664-3652

CR2E037 (12/95)