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Mar 10 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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 Mailing Address
45531 PENNSYLVANIA ST. 45531 PENNSYLVANIA ST.
P.O. BOX 207 P.O. BOX 207
PAISLEY FL 32767-7207 PAISLEY FL 32767-0207

3. Date Incorporated or Qualified 10/26/1982 3a. Date of Last Report 03/13/1996

2. Principal Place of Business 2a. Mailing Address 4. FEI Number NOT APPLICABLE Applied For Not Applicable
21 Suite, Apt. #, etc 26 Suite, Apt. #, etc
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30
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 HAYLETT, 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 FL 85 Zip Code

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 *George Haylett*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMON, HAROLD	1.2 NAME	
STREET ADDRESS	45540 OLEANDER ST <i>Trustee</i>	1.3 STREET ADDRESS	
CITY-ST-ZIP	PAISLEY FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYLETT, GEORGE <i>Trustee</i>	2.2 NAME	
STREET ADDRESS	45811 DEER ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	PAISLEY FL	2.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VIRLEE, HELENA	3.2 NAME	MRS. GRACE FRIZZELL
STREET ADDRESS	OLEANDER ST. 45517 <i>Trustee</i>	3.3 STREET ADDRESS	31 COUNTRY SQUIRE RD.
CITY-ST-ZIP	PAISLEY FL	3.4 CITY-ST-ZIP	PAISLEY FL. 32767, FLA.
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, DORA	4.2 NAME	MRS. MARY SIMON
STREET ADDRESS	28712 AZALEA AVE. <i>Trustee (V. Pres)</i>	4.3 STREET ADDRESS	45540 OLEANDER ST.
CITY-ST-ZIP	PAISLEY FL	4.4 CITY-ST-ZIP	PAISLEY FL. 32767 President
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNOUSE, ALBERT	5.2 NAME	
STREET ADDRESS	45542 PENNSYLVIA STREET <i>Trustee</i>	5.3 STREET ADDRESS	
CITY-ST-ZIP	PAISLEY FL	5.4 CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSSI, RICHARD <i>Trustee</i>	6.2 NAME	
STREET ADDRESS	45651 CYPRESS <i>(Board Chairman)</i>	6.3 STREET ADDRESS	
CITY-ST-ZIP	PAISLEY FL	6.4 CITY-ST-ZIP	

14. I do 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 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: *George Haylett* 2/8/97 352-669-5652
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0014531

CR2E037 (9/96)