


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 01, 2004 08:00 AM
Secretary of State

DOCUMENT # 765638
1. Entity 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
---	---



06282004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
ROSS, RICHARD
45651 CYPRESS ST
PAISLEY, FL 32767

**DO NOT WRITE
IN THIS SPACE**

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

Filing Fee is \$61.25
Due by September 8, 2004

9. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT LOCKLIN, JAMES H 458 DEER ST. PAISLEY, FL 32767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HAYLETT, HELEN 45811 DEER ST PAISLEY, FL 32767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STYER, DONALD 44935 4TH ST. DELAND, FL 32720
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KLUG, L.J. 27620 NANCY ST. PAISLEY, FL 32767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT KNOUSE, ALBERT 45542 PENNSYLVIA STREET PAISLEY, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT ROSSI, RICHARD 45651 CYPRESS PAISLEY, FL

U00000162971
07/01/04-80002-002 61.25

**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)(f), 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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Richard Rossi **RICHARD ROSSI** 6-28-04 352 662-5940
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #