


**2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 30, 2006 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
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03022006 No Chg-NP CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

**Filing Fee is \$61.25**  
**Due by May 1, 2006**

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	P BUSHEY, MACK 47801 OAK STREET PAISLEY, FL 32767
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CT BILEY, PAUL PIO BOX 184 ALTOONA, FL 32702
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	T ROSSI, RICHARD 45651 CYPRESS PAISLEY, FL

**DO NOT WRITE IN THIS SPACE**

1100004845-01  
 04/27/06 00061-024 61.25

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 E Rossi; RICHARD E ROSSI MARCH 23 2006 352-669-5940  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #