

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 12: 19

DOCUMENT # **N20531** (2)

1. Corporation Name
LAKE KATHRYN HOMEOWNERS ASSOCIATION OF PONTE VEDRA BEACH, INC.

Principal Place of Business	Mailing Address
10036 SAWGRASS DR. #3 PONTE VEDRA BEACH FL 32082 US	POST OFFICE BOX 1159 PONTE VEDRA BEACH FL 32004 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 05/07/1987	3a. Date of Last Report 04/29/1994
4. FEI Number 59-2865384	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fees Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	2b Suite, Apt. #, etc.
22 City & State	2c City & State
24 Zip	25 Country
29 Zip	30 Country

9. Name and Address of Current Registered Agent

**MUNCH, DONALD
FOUR SEASONS MANAGEMENT
10039 SAWGRASS DRIVE #3
PONTE VEDRA BEACH FL 32082**

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: Donald Munch DATE: 4/29/95
Signature, typed or printed name of registered agent and use if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	STD
NAME	KILEY, ROBERT
STREET ADDRESS	9005 PORTSMOUTH CT.
CITY - ST - ZIP	PONTE VEDRA BEACH FL
TITLE	PA
NAME	DEKAY, ROBERT
STREET ADDRESS	9012 SOUTHAMPTON WAY
CITY - ST - ZIP	PONTE VEDRA FL
TITLE	VD
NAME	PECK, WALLY
STREET ADDRESS	9013 SOUTHAMPTON WAY
CITY - ST - ZIP	PONTE VEDRA FL
TITLE	DIRECTOR
NAME	DEROSE, JAMES
STREET ADDRESS	9010 Southampton Court
CITY - ST - ZIP	Ponte Vedra Beach, FL 32082
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

REMITTED BY MAY 1

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 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if checked or in which name with an address.

SIGNATURE: JAMES DEROSE DATE: 4/29/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR