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

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #
1. Corporation Name

N20531

(2)

LAKE KATHRYN HOMEOWNERS ASSOCIATION OF PONTE VED RA BEACH, INC.

Principal Place	of Business	Mailing Address				1 (10 (114) die 11611 goldt ditte hiet inst eien dien eien eien eien eien eien			
	SS DR., #3 Beach Fl 32082	POST OFFICE BOX 1159 PONTE VEDRA BEACH FL 32004-1159							
us		US			<ol> <li>Date Incorporated or Qualified 05/07/1987</li> </ol>	3a. Date 04	a. Date of Last Report 04/17/1996		
2. Principal Pla	ace of Business	2a. Mailing Address				4. FEI Number 59-2865384	Applied For Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, e							m (	<del></del>	Additional
2	27	•			5. Certificate of Status Desired		Fee Re		
City & State City & State						6. Election Campaign Financing		\$5.00	May Be
3		28	.]			Trust Fund Contribution Added to Fees			
Zip Country Zip			Country			8. This corporation has liability for intangible tax under s. 199.032,			
25 29						Florida Statutes Yes X No			
	9. Name and Address of Curren	t Registered Agent				10. Name and Address of New Re	pistered Age	ent	
•				81	Name				
MUNCH, DONALD				82	Street Address (P.O. Box Number is Not Acceptable)				
FOUR SEASONS MANAGEMENT				83					
10036 SAWGRASS DRIVE #3				-		·			
PONTE VEDRA BEACH FL 32082				84	City		FL	85 Zip (	Code
41 Durcuant t	to the provisions of Sections 617.050	2 and 617 1508 Florida Statu	tes the e	hove	e-named cor	poration submits this statement for the p		anoing it	s registered
office or re	egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was	authorize	Kd by	the corpora	ation's board of directors. I hereby accept	ot the appoin	tment as	registered
SIGNATURE _		Alo	TE Declara				DATE		
12.	Signature: typed or printed name of registered agent and title if applicable (NOTE: FOR AND DIRECTORS			Registered Agent signature requ		ADDITIONS/CHANGES TO OFFIC		IRECTOR	S IN 12
TOTLE	STD DELETE		1.1 T	ITLE		700111011010171110101101		Change	Addition
NAME				AME			_		*****
	KILEY, ROBERT  ORESS 9005 PORTSMOUTH CT.				ADDDECC	DORESS			
STREET ADDRESS	DOUBE MEADA DEAGUE								
CITY-ST-ZIP TITLE	D DELETE			1.4 CITY - ST - ZIP 2.1 TITLE				Change	Addition
NAME	DEROSE, JAMES			2.2 NAME				•	_
	9010 SAOUTHAMPTON CT				ADDRESS				
STREET ADORESS	PONTE VEDRA FL				;				
C(TY-ST-ZIP TITLE	VD DELETE		_	2. 4 City-SY-ZIP 3.1 TITLE				Change	Addition
NAME	PECK, WALLY			IAME			_		
	9013 SOUTHAMPTON WAY				ADDRESS				
STREET ADDRESS	PONTE VEDRA FL		, , ,		SY-ZIP				
DITY-ST-ZIP	FOITE VEDINITE	DELETE	4,1 7		31-211			Change	Addition
NAME				NAME			_		
STREET ADDRESS					ADDRESS		۸.		
					ST-ZIP	1	(A) \		
CITY-ST-7IP TITLE		DELETE	5.11		71-411	u/n	<del>۱۷۷۰ - ۱۷۲</del> ۲	Change	Addition
NAME	Bullet			5.2 NAME		$\mathcal{L}_{p_{i}}$	<b>(7</b> )		
					ADDRESS	* i^'	`		
STREET ADDRESS					ST-ZIP	الم			
CHTY-ST-ZIP TITLE		DELETE	6.11		21-74			Change	Addition
NAME			4	AME		80000215			
			•		ADDRESS	800002188778 -05/22/9701120002			
STREET ADDRESS						***61.15		•	
CITY-\$1-ZIP	by certify that the information supplies	d with this filing does not gue	lify for the	OTY-S	motion state	ed in Section 119 07(3)(i) Florida Statute	s. I further c	ertify that	the
informatio	in indicated on this annual report or s	supplemental annual report is the receiver or trustee empo	true and wered to	ACC	urate and tha	at my signature shall have the same legs ort as required by Chapter 617, Florida S	il effect as if	made un	ider oath: that

SIGNATURE:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/97

**FILED** 

May 13 1997 8:00am

Secretary of State

Davlime Phone # 0000048