

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2000 8:00 am
Secretary of State

04-17-2000 90002 039 ****61.25

DOCUMENT # N20531

1. Entity Name

LAKE KATHRYN HOMEOWNERS ASSOCIATION OF PONTE VED

Principal Place of Business

Mailing Address

10036 SAWGRASS DR. #3
 PONTE VEDRA BEACH FL 32082
 US

POST OFFICE BOX 1159
 PONTE VEDRA BEACH FL 32004-1159
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 2180 W SR 434

3. Mailing Address
 2180 W SR 434

Suite, Apt. #, etc.
 STE 5000

Suite, Apt. #, etc.
 STE 5000

City & State
 LONGWOOD FL

City & State
 LONGWOOD FL

4. FEI Number **59-2865384**

Applied For
 Not Applicable

Zip
 32779

Country
 US

Zip
 32779

Country
 US

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MUNCH, DONALD
 FOUR SEASONS MANAGEMENT
 10036 SAWGRASS DRIVE #3
 PONTE VEDRA BEACH FL 32082

Name: HART, JAMES W JR
 Street: SENTRY MANAGEMENT INC
 2180 W SR 434 STE 5000
 City: LONGWOOD FL 32779-5044

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. Election Campaign Financing
 Trust Fund Contribution.

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DESELING, EDWARD 9003 LAKE KATHRYN DRIVE PONTE VEDRA BEACH FL 32082 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VB <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DEROSE, JAMES 9010 SAOUTHAMPTON CT PONTE VEDRA FL <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DONAHUE, ROBERT 9001 LAKE KATHRYN DRIVE PONTE VEDRA FL 32082 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD KAROL, ROBERT 2103 SAWGRASS VILLAGE PONTE VEDRA BCH FL 32082 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:

Edsel DeSeling
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2 017 (9/93)