

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State

05-15-2002 90004 050 ****61.25

DOCUMENT # N20531

1. Entity Name

LAKE KATHRYN HOMEOWNERS ASSOCIATION OF PONTE VEDRA BEACH, INC.

Principal Place of Business

Mailing Address

2180 W SR 434
 STE 5000
 LONGWOOD FL 32779
 US

2180 W SR 434
 STE 5000
 LONGWOOD FL 32779
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2865384

Applied For

Not Applicable

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

HART, JAMES W. JR
SENTRY MANAGEMENT INC
2180 W SR 434 STE 5000
LONGWOOD FL 32779-5044

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

TITLE: **STD** Delete
 NAME: **SPETNAGEL, EDWARD III**
 STREET ADDRESS: **9012 S HAMPTON CT**
 CITY-ST-ZIP: **PONTE VEDRA BEACH FL 32082**

TITLE: **PD** Change Addition
 NAME: **Spetnagel III, Edward L**
 STREET ADDRESS: **9012 Southhampton Ct**
 CITY-ST-ZIP: **Ponte Vedra Beach FL 32082**

TITLE: **PD** Delete
 NAME: **DONAHUE, ROBERT**
 STREET ADDRESS: **9001 LAKE KATHRYN DRIVE**
 CITY-ST-ZIP: **PONTE VEDRA FL 32082**

TITLE: **VD** Change Addition
 NAME: **Weatherly, Robert**
 STREET ADDRESS: **9007 Portsmouth Ct**
 CITY-ST-ZIP: **Ponte Vedra Beach FL 32082**

TITLE: **VD** Delete
 NAME: **KAROL, ROBERT**
 STREET ADDRESS: **9004 PORTSMOUTH CT**
 CITY-ST-ZIP: **PONTE VEDRA BEACH FL 32082**

TITLE: **Kiley, Sheila B** Change Addition
 NAME: **9005 Portsmouth Ct**
 STREET ADDRESS: **Ponte Vedra Beach FL 32082**
 CITY-ST-ZIP:

TITLE: Delete
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

TITLE: Delete
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TITLE: Delete
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 CITY-ST-ZIP:

TITLE: Change Addition
 NAME:
 STREET ADDRESS:
 CITY-ST-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Edward Spetnagel III

Edward Spetnagel

2/25/02

904 273-0785

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)