

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 05, 2006
Secretary of State**

DOCUMENT# N20531

Entity Name: LAKE KATHRYN HOMEOWNERS ASSOCIATION OF PONTE VEDRA BEACH, INC.

Current Principal Place of Business:

2180 W SR 434
STE 5000
LONGWOOD, FL 32779 US

New Principal Place of Business:

Current Mailing Address:

2180 W SR 434
STE 5000
LONGWOOD, FL 32779 US

New Mailing Address:

FEI Number: 59-2865384 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HART, JAMES W JR
SENTRY MANAGEMENT INC
2180 W SR 434 STE 5000
LONGWOOD, FL 327795044 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ERTEL, SAMUEL
Address: 9001 LAKE KATHRYN DR
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VPD () Delete
Name: DE SELDING, JOAN B
Address: 9003 LAKE KATHRYN DR
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: STD () Delete
Name: KILEY, ROBERT F
Address: 9005 PORTSMOUTH CT
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: STD (X) Change () Addition
Name: ERTEL, SAMUEL
Address: 9001 LAKE KATHRYN DR
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: PD (X) Change () Addition
Name: BATES, JACQUELYN
Address: 9006 PORTSMOUTH CT
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VPD (X) Change () Addition
Name: CHALFANT, ED
Address: PO BOX 2056
City-St-Zip: PONTE VEDRA BEACH, FL 32004

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JACQUELYN BATES

PD

04/05/2006

Electronic Signature of Signing Officer or Director

_____ Date