## **2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 727754

Entity Name: LAKE KATHRYN ESTATES HOMEOWNERS ASSOCIATION, INC.

FILED Feb 03, 2023 Secretary of State 8783770178CC

Date

Date

## **Current Principal Place of Business:**

789 MAHOGANY DR. CASSELBERRY, FL 32707

## **Current Mailing Address:**

789 MAHOGANY DR.

CASSELBERRY, FL 32707 US

FEI Number: 59-3072284 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

CASE, GREG 789 MAHOGANY DR. CASSELBERRY, FL 32707 US

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: GREG CASE 02/03/2023

Electronic Signature of Registered Agent

Officer/Director Detail:

TitlePRESIDENTTitleBOARD MEMBERNameKELLEY, RANDALL ANameVISALLI, NICHOLASAddress934 MAHOGANY DR.Address1335 LAURA ST.

City-State-Zip: CASSELBERRY FL 32707 City-State-Zip: CASSELBERRY FL 32707

TitleBOARD MEMBERTitleBOARD MEMBERNameWEST, DAVIDNameBROWN, BARBARAAddress925 SABAL PALM DR.Address938 MANGO DR.

City-State-Zip: CASSELBERRY FL 32707 City-State-Zip: CASSELBERRY FL 32707

Title TREASURER Title VP

Electronic Signature of Signing Officer/Director Detail

Name SILVERSTIEN, NEAL Name CASE, GREG

Address 823 DOGWOOD DR. Address 789 MAHOGANY DR.

City-State-Zip: CASSELBERRY FL 32707 City-State-Zip: CASSELBERRY FL 32707

Title SECRETARY
Name HOLMS, DENISE
Address 890 MANGO DR.

City-State-Zip: CASSELBERRY FL 32707

I hereby 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 all other like empowered.

SIGNATURE: RANDALL KELLEY PRESIDENT 02/03/2023