

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 727754

**FILED**  
**Jan 31, 2024**  
**Secretary of State**  
**1425998605CC**

**Entity Name:** LAKE KATHRYN ESTATES HOMEOWNERS ASSOCIATION, INC.

**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**

**01/31/2024**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            KELLEY, RANDALL A  
Address        934 MAHOGANY DR.  
City-State-Zip: CASSELBERRY FL 32707

Title            BOARD MEMBER  
Name            VISALLI, NICHOLAS  
Address        1335 LAURA ST.  
City-State-Zip: CASSELBERRY FL 32707

Title            BOARD MEMBER  
Name            WEST, DAVID  
Address        925 SABAL PALM DR.  
City-State-Zip: CASSELBERRY FL 32707

Title            BOARD MEMBER  
Name            BROWN, BARBARA  
Address        938 MANGO DR.  
City-State-Zip: CASSELBERRY FL 32707

Title            TREASURER  
Name            SILVERSTIEN, NEAL  
Address        823 DOGWOOD DR.  
City-State-Zip: CASSELBERRY FL 32707

Title            VP  
Name            CASE, GREG  
Address        789 MAHOGANY DR.  
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**

**01/31/2024**

Electronic Signature of Signing Officer/Director Detail

Date