2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Secretary of State DOCUMENT # 727754 03-21-2006 90048 048 ****61.25 1. Entity Name LAKE KATHRYN ESTATES HOMEOWNERS ASSOCIATION, INC. Principal Place of Business Mailing Address 951.MAHQGANY DR 951 MAHOGANY DR CASSELBERRY FL 32707 CASSELBERRY FL 32707 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) City & State City & State 4, FEI Number Applied For NO-T APPLICABLE Not Applicable Zip Country 3 Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Robert Bevenger WARD, JOHN Street Address (P.O. Box Number is Not Acceptable) 871 SPANISH MOSS CASSELBERRY FL 32707 777 Royal Palm Drive City Zip Code 3 2 7 0 7 Casselberry, 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. I am familiar with, and accept the obligations of register SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. Due By May 1, 2006 Florida Department of State Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Delete Addition TITLE TITLE ☐ Change Р Robert Bevenger NAME ROBBINS, LOUISE NAME 777 Royal Palm Drive 1167 LAURA ST STREET ADDRESS STREET ADDRESS Casselberry, Fl. 32707 CASSELBERRY FL 32707 CITY-ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition John Ward HIXENBAUGH, PAT NAME NAME 871 Spanish Moss 1383 LAURA STREET STREET ADDRESS STREET ADDRESS Casselberry, Fl 32707 CITY-ST-ZIP CASSELBERRY FL 32707 CITY-ST-ZIP TV] Change Delete TITLE TITLE LAddition NAME D NAME LLGA, BLAICH Ilga Blaich STREET ADDRESS 814 DOGWOOD DRIVE STREET ADDRESS 814 Dogwood Drive CITY-ST-ZIP CASSELBERRY FL 32707 CITY-ST-ZIP Casselberry, F1 32707 Change Addition TITLE Delete TITLE MAME DS Carole Ottați NAME MONTESI, BARBARA ^{Ca}ll77 **Frans**pani STREET ADDRESS STREET ADDRESS 1051 MANGO DRIVE CITY-ST-ZIP CASSELBERRY FL 32707 CITY-ST-7IP Casselberry, F1 32707 Delete TITLE D TITE F ☐ Change Addition Wilfred (Bill) Hamel MILLER, LILLIAN NAME NAME 834 Mango Drive 837 MAHOGANY DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CASSELBERRY FL 32707 CITY-ST-ZIP Casselberry, F1 32707 Delete Addition TITLE ☐ Change D Glenn Hager MRDOCK, DORIS NAME 816 Royal Palm Drive 905 POINTSETTA STREET STREET ADDRESS STREET ADDRESS CASSELBERRY FL 32707 Casselberry, F1 CITY-ST-ZIP CITY-ST-ZIP 32707

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 received 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 the received of the corporation of the corp

CHATURE Clobul aswerger

2/15/01

FILED

Mar 21, 2006 8:00 am