

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727754

FILED  
Jun 03, 2009  
Secretary of State

Entity Name: LAKE KATHRYN ESTATES HOMEOWNERS ASSOCIATION, INC.

## Current Principal Place of Business:

1319 LAURA STREET  
CASSELBERRY, FL 32707 US

## New Principal Place of Business:

755 HOLLY HILL  
CASSELBERRY, FL 32707 US

## Current Mailing Address:

1319 LAURA STREET  
CASSELBERRY, FL 32707 US

## New Mailing Address:

755 HOLLY HILL  
CASSELBERRY, FL 32707 US

FEI Number: 59-3072284      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

ELLIOTT, PATRICIA L  
1319 LAURA STREET  
CASSELBERRY, FL 32707 US

## Name and Address of New Registered Agent:

VOGELSANG, JOANN L  
755 HOLLY HILL AVEE  
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: JONANN VOGELSANG

06/03/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: MONTESI, BARBARA  
Address: 1051 MANGO DRIVE  
City-St-Zip: CASSELBERRY, FL 32707

Title: V ( ) Delete  
Name: HAGER, GLENN  
Address: 816 ROYAL PALM DR  
City-St-Zip: CASSELBERRY, FL 32707

Title: D ( ) Delete  
Name: MURDOCK, DORIS  
Address: 814 DOGWOOD DRIVE  
City-St-Zip: CASSELBERRY, FL 32707

Title: D ( ) Delete  
Name: CORLISS, MARIE  
Address: 1051 MANGO DRIVE  
City-St-Zip: CASSELBERRY, FL 32707

Title: TREA ( ) Delete  
Name: ELLIOT, PATRICIA L  
Address: 1319 LAURA STREET  
City-St-Zip: CASSELBERRY, FL 32707

Title: D ( ) Delete  
Name: VOGELSANG, JOANN  
Address: 755 HOLLY HILL  
City-St-Zip: CASSELBERRY, FL 32707

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: VOGELSANG, JOANN  
Address: 755 HOLLY HILL AVE  
City-St-Zip: CASSELBERRY, FL 32707

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SECT (X) Change ( ) Addition  
Name: MAHANKE, PHYLLIS  
Address: 728 HONEYSUCKLE LANE  
City-St-Zip: CASSELBERRY, FL 32707

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: ROLAND, DONALD  
Address: 745 POINSETTIA AVE  
City-St-Zip: CASSELBERRY, FL 32707

I hereby certify that the information supplied with this filing does not qualify 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: JOANN VOGELSANG

TREA

06/03/2009

Electronic Signature of Signing Officer or Director

Date