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FILED

Mar 10 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 765638 (2)

1. Corporation Name

LAKE KATHRYN RECREATION CLUB, INC.



Principal Place of Business

Mailing Address

45531 PENNSYLVANIA ST.  
P.O. BOX 207  
PAISLEY FL 32767-720745531 PENNSYLVANIA ST.  
P.O. BOX 207  
PAISLEY FL 32767-02073. Date Incorporated or Qualified  
10/26/19823a. Date of Last Report  
03/13/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐ \$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HAYLETT, GEORGE H  
45811 DEAR STREET  
PAISLEY FL 32767

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME SIMON, HAROLD  
STREET ADDRESS 45540 OLEANDER ST  
CITY-ST-ZIP PAISLEY FL Trustee1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIPTITLE D ☐ DELETE  
NAME HAYLETT, GEORGE  
STREET ADDRESS 45811 DEER ST  
CITY-ST-ZIP PAISLEY FL Trustee2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIPTITLE T ☒ DELETE  
NAME VIRLEE, HELENA  
STREET ADDRESS OLEANDER ST. 45517  
CITY-ST-ZIP PAISLEY FL Trustee3.1 TITLE ☒ Change ☐ Addition  
3.2 NAME MRS. GRACE FRIZZELL  
3.3 STREET ADDRESS 31 COUNTRY Squire Rd.  
3.4 CITY-ST-ZIP PAISLEY FL 32767, FLA.TITLE D ☒ DELETE  
NAME JOHNSON, DORA  
STREET ADDRESS 28712 AZALEA AVE.  
CITY-ST-ZIP PAISLEY FL Trustee (V. Pres)4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME MRS. MARY SIMON  
4.3 STREET ADDRESS 45540 OLEANDER ST.  
4.4 CITY-ST-ZIP PAISLEY FL 32767 PresidentTITLE P ☐ DELETE  
NAME KNOUSE, ALBERT  
STREET ADDRESS 45542 PENNSYLVIA STREET  
CITY-ST-ZIP PAISLEY FL Trustee5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIPTITLE C ☐ DELETE  
NAME ROSSI, RICHARD  
STREET ADDRESS 45651 CYPRESS  
CITY-ST-ZIP PAISLEY FL Trustee (Board Chairman)6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0014531

CR2E037 (9/96)