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Secretary of State

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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 765638

1. Corporation Name

LAKE KATHRYN RECREATION CLUB, INC.

Principal Place of Business

45531 PENNSYLVANIA ST.
P.O. BOX 207
PAISLEY FL 32767-7207

Mailing Address

45531 PENNSYLVANIA ST.
P.O. BOX 207
PAISLEY FL 32767-7207



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		10/26/1982	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		NOT APPLICABLE	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24		29		30	

9. Name and Address of Current Registered Agent

AYLETT, GEORGE H
45811 DEER STREET
PAISLEY FL 32767

10. Name and Address of New Registered Agent

81 Name	HAYLETT, GEORGE	
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 reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SIMON, HAROLD	1.2 NAME	
STREET ADDRESS	45540 OLEANDER ST	1.3 STREET ADDRESS	
CITY-ST-ZIP	PAISLEY FL	1.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAYLETT, GEORGE	2.2 NAME	
STREET ADDRESS	45811 DEER ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	PAISLEY FL	2.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRACE FIZZELL	3.2 NAME	HELENA VIRLEE
STREET ADDRESS	31 COUNTRY SQUIREL RD	3.3 STREET ADDRESS	45517 OLEANDER ST.
CITY-ST-ZIP	PAISLEY FL	3.4 CITY-ST-ZIP	PAISLEY FL 32767
TITLE	TVP <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARY SIMON	4.2 NAME	HELEN HAYLETT
STREET ADDRESS	45540 OLCANDER ST	4.3 STREET ADDRESS	45811 DEER ST
CITY-ST-ZIP	PAISLEY FL	4.4 CITY-ST-ZIP	PAISLEY FL 32767
TITLE	PT <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNOUSE, ALBERT	5.2 NAME	
STREET ADDRESS	45542 PENNSYLVIA STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	PAISLEY FL	5.4 CITY-ST-ZIP	
TITLE	CT <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSSI, RICHARD	6.2 NAME	
STREET ADDRESS	45651 CYPRESS	6.3 STREET ADDRESS	
CITY-ST-ZIP	PAISLEY FL	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: Helen Haylett **SIGNATURE REQUIRED**

1-8-99 (352) 669-3040

CR2E037 (11/98)