

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 27, 2005 8:00 am
Secretary of State

06-27-2005 90004 003 ****61.25

DOCUMENT # 765638

1. Entity 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**

00003898



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

05232005 Chg-NP CR2E037 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ROSS, RICHARD
45651 CYPRESS ST
PAISLEY, FL 32767**

Name

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

City

FL

Zip Code

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 registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DT ☐ Delete
NAME LOCKLIN, JAMES H
STREET ADDRESS 458 DEER ST.
CITY-ST-ZIP PAISLEY, FL 32767

TITLE ☒ Change ☐ Addition
NAME **Rossi, Richard**
STREET ADDRESS **45651 Cypress St**
CITY-ST-ZIP **Paisley, FL 32767**

TITLE S ☐ Delete
NAME HAYLETT, HELEN
STREET ADDRESS 45811 DEER ST
CITY-ST-ZIP PAISLEY, FL 32767

TITLE ☒ Change ☐ Addition
NAME **Bushey, Mack**
STREET ADDRESS **4701 Oak St**
CITY-ST-ZIP **Paisley, FL 32767**

TITLE T ☐ Delete
NAME STYER, DONALD
STREET ADDRESS 44935 -4TH ST.
CITY-ST-ZIP DELAND, FL 32720

TITLE ☒ Change ☐ Addition
NAME **Bailey, Paul**
STREET ADDRESS **Po Box 184**
CITY-ST-ZIP **Altamonte, FL 32702**

TITLE P ☐ Delete
NAME KLUG, L.J.
STREET ADDRESS 27620 NANCY ST.
CITY-ST-ZIP PAISLEY, FL 32767

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE PT ☐ Delete
NAME KNOUSE, ALBERT
STREET ADDRESS 45542 PENNSYLVIA STREET
CITY-ST-ZIP PAISLEY, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE CT ☐ Delete
NAME ROSSI, RICHARD
STREET ADDRESS 45651 CYPRESS
CITY-ST-ZIP PAISLEY, FL

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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 receiver 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 an attachment with an address, with all other like empowered.

SIGNATURE: Richard E Rossi **RICHARD E ROSSI**

6-25-05

352.669.5940

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #