

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 30, 2006 08:00 AM
Secretary of State

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**



03022006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

4. FCI 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

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

**DO NOT WRITE
IN THIS SPACE**

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 reappointing) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DT
NAME	LOCKLIN, JAMES H
STREET ADDRESS	458 DEER ST.
CITY- ST- ZIP	PAISLEY, FL 32767
TITLE	P
NAME	BUSHEY, MACK
STREET ADDRESS	47801 OAK STREET
CITY- ST- ZIP	PAISLEY, FL 32767
TITLE	CT
NAME	BILEY, PAUL
STREET ADDRESS	PIO BOX 184
CITY- ST- ZIP	ALTOONA, FL 32702
TITLE	P
NAME	KLUG, L.J.
STREET ADDRESS	27620 NANCY ST.
CITY- ST- ZIP	PAISLEY, FL 32767
TITLE	PT
NAME	KNOUSE, ALBERT
STREET ADDRESS	45542 PENNSYLVIA STREET
CITY- ST- ZIP	PAISLEY, FL
TITLE	T
NAME	ROSS, RICHARD
STREET ADDRESS	45651 CYPRESS
CITY- ST- ZIP	PAISLEY, FL

11000004845.00
04/17/06 00061-024 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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** MARCH 23 2006 **352-669-5940**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #