

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20531

FILED  
Mar 09, 2007  
Secretary of State

**Entity Name:** LAKE KATHRYN HOMEOWNERS ASSOCIATION OF PONTE VEDRA BEACH, INC.

**Current Principal Place of Business:**

2180 W SR 434  
STE 5000  
LONGWOOD, FL 32779 US

**New Principal Place of Business:**

**Current Mailing Address:**

2180 W SR 434  
STE 5000  
LONGWOOD, FL 32779 US

**New Mailing Address:**

**FEI Number:** 59-2865384

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HART, JAMES W JR  
SENTRY MANAGEMENT INC  
2180 W SR 434 STE 5000  
LONGWOOD, FL 327795044 US

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: STD ( ) Delete  
Name: ERTTEL, SAMUEL  
Address: 9001 LAKE KATHRYN DR  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: PD ( ) Delete  
Name: BATES, JACQUELYN  
Address: 9006 PORTSMOUTH CT  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VPD ( ) Delete  
Name: CHALFANT, ED  
Address: PO BOX 2056  
City-St-Zip: PONTE VEDRA BEACH, FL 32004

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: VPD (X) Change ( ) Addition  
Name: KAROL, ROBERT  
Address: 9004 PORTSMOUTH CT  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: STD (X) Change ( ) Addition  
Name: BATES, JACQUELYN D  
Address: 9006 PORTSMOUTH CT  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: PD (X) Change ( ) Addition  
Name: CHALFANT, EDWARD C  
Address: 9002 LAKE KATHRYN DR  
City-St-Zip: PONTE VEDRA BEACH, FL 32082

I hereby certify that the information supplied with this filing does not qualify for the 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: EDWARD C CHALFANT

PD

03/09/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date