

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2008 8:00 am
Secretary of State

04-22-2008 90016 036 ****61.25

DOCUMENT # N48524 1. Entity Name KATHRYN OAKS HOMEOWNERS ASSOCIATION, INC.					
Principal Place of Business 200 EXECUTIVE WAY #111 PONTE VEDRA, FL 32082 US			Mailing Address P.O. BOX 2055 PONTE VEDRA, FL 32004		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. FEI Number 59-3136302			Applied For ☐ Not Applicable		
5. Certificate of Status Desired ☐			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent EWING, JOHN 200 EXECUTIVE WAY #111 PONTE VEDRA, FL 32082			7. Name and Address of New Registered Agent 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 re-registering) DATE					
Filing Fee is \$61.25 Due by May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	PD FLATER, DEBORAH 8960 LAKE KATHRYN DR PONTE VEDRA BEACH, FL 32082	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P GLEN MCQUERY 8965 LAKE KATHRYN DR PONTE VEDRA, FL 32082	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD HOLLENBECK, DAVE 8992 LAKE KATHRYN DR PONTE VEDRA BEACH, FL 32082	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ELIAS ROSENBLATT 8964 LAKE KATHRYN DRIVE PONTE VEDRA, FL 32082	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD HALTON, JOHN 8976 LAKE KATHRYN DR PONTE VEDRA BEACH, FL 32082	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RANDY BROWN 8969 LAKE KATHRYN DRIVE PONTE VEDRA, FL 32082	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD FERGUSON, LEE 8989 LAKE KATHRYN DR PONTE VEDRA BEACH, FL 32082	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCARTHY, JOHN 8964 LAKE KATHRYN DR PONTE VEDRA BEACH, FL 32082	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILBUR, ALICE 8980 LAKE KATHRYN DR PONTE VEDRA BEACH, FL 32082	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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:  GLEN MCQUERY 4/21/08 904-280-7616 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					