

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48524

FILED
Apr 09, 2009
Secretary of State

Entity Name: KATHRYN OAKS HOMEOWNERS ASSOCIATION, INC.

Current Principal Place of Business:

200 EXECUTIVE WAY #111
PONTE VEDRA, FL 32082 US

New Principal Place of Business:

151 SAWGRASS CORNERS DRIVE
SUITE 204 G
PONTE VEDRA, FL 32082 US

Current Mailing Address:

P.O. BOX 2055
PONTE VEDRA, FL 32004

New Mailing Address:

FEI Number: 59-3136302 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

EWING, JOHN
200 EXECUTIVE WAY #111
PONTE VEDRA, FL 32082 US

Name and Address of New Registered Agent:

EWING, JOHN
151 SAWGRASS CORNERS DRIVE
SUITE 204 G
PONTE VEDRA, FL 32082 US

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:

04/09/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MCQUEARY, GLEN
Address: 8985 LAKE KATHRYN DR
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: VPD () Delete
Name: HOLLENBECK, DAVE
Address: 8992 LAKE KATHRYN DR
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: T () Delete
Name: ROSENBLATT, ELIAS
Address: 8984 LAKE KATHRYN DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: S () Delete
Name: BROWN, RANDY
Address: 8969 LAKE KATHRYN DRIVE
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: D (X) Delete
Name: WILBUR, ALICE
Address: 8980 LAKE KATHRYN DR
City-St-Zip: PONTE VEDRA BEACH, FL 32082

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: MCQUEARY, GLEN
Address: 8985 LAKE KATHRYN DR
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: P (X) Change () Addition
Name: HOLLENBECK, DAVE
Address: 8992 LAKE KATHRYN DR
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: DAVE HOLLENBECK

P

04/09/2009

Electronic Signature of Signing Officer or Director

Date