

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

APPROVED AND FILED

55 MAY -1 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N48524 (5)**
1. Corporation Name
KATHRYN OAKS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business Mailing Address
830 9TH STREET SOUTH JACKSONVILLE BEACH FL 32250
P.O. BOX 50700 JACKSONVILLE BEACH FL 32240 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/20/1992** 3a. Date of Last Report **06/21/1994**
4. FEI Number **59-3136302** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for interjurisdictional tax under §. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
**BROWN, J.R., JR.
830 9TH ST S
JACKSONVILLE BEACH FL 32250**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when terminating) DATE _____

12. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------------|
| TITLE | PD |
| NAME | BROWN, J.R., JR. |
| STREET ADDRESS | 830 9TH ST S |
| CITY, ST, ZIP | JACKSONVILLE BCH FL 32250 |
| TITLE | STD |
| NAME | BROWN, JANE C. |
| STREET ADDRESS | 830 9TH ST S |
| CITY, ST, ZIP | JACKSONVILLE BCH FL 32250 |
| TITLE | VD |
| NAME | BARTLE, DOUGLAS M. |
| STREET ADDRESS | 830 9TH ST S |
| CITY, ST, ZIP | JACKSONVILLE BCH FL 32250 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY, ST, ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12?

| | |
|-------------------|---|
| 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 12 NAME | |
| 13 STREET ADDRESS | |
| 14 CITY, ST, ZIP | |
| 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME | |
| 23 STREET ADDRESS | |
| 24 CITY, ST, ZIP | |
| 31 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME | |
| 33 STREET ADDRESS | |
| 34 CITY, ST, ZIP | |
| 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 42 NAME | |
| 43 STREET ADDRESS | |
| 44 CITY, ST, ZIP | |
| 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 52 NAME | |
| 53 STREET ADDRESS | |
| 54 CITY, ST, ZIP | |
| 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 62 NAME | |
| 63 STREET ADDRESS | |
| 64 CITY, ST, ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if chairman of an affiliated committee with an address.

SIGNATURE: *J.R. Brown, Jr.*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
J.R. BROWN, JR.

4/29/95 (904) 241-7256
Date Telephone Number