

# 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: \_\_\_\_\_ Date: 04/09/2009  
Electronic Signature of Registered Agent

**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