

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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: **830 9TH STREET SOUTH JACKSONVILLE BEACH FL 32250**
Mailing Address: **P.O. BOX 50700 JACKSONVILLE BEACH FL 32240 US**

3. Date Incorporated or Qualified: **04/20/1992**
3a. Date of Last Report: **05/01/1995**

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

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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	MD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROWN, J.R., JR.	1.2 NAME	
STREET ADDRESS	830 9TH ST S	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE BCH FL 32250	1.4 CITY-ST-ZIP	
TITLE	STD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	P D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BROWN, JANE C.	2.2 NAME	FRED W. HUEGLI
STREET ADDRESS	830 9TH ST S	2.3 STREET ADDRESS	8949 LAKE KATHRYN DRIVE
CITY-ST-ZIP	JACKSONVILLE BCH FL 32250	2.4 CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	VD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	V D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARTLE, DOUGLAS M.	3.2 NAME	LUCILLE S. WILSON
STREET ADDRESS	830 9TH ST S	3.3 STREET ADDRESS	8949 LAKE KATHRYN DRIVE
CITY-ST-ZIP	JACKSONVILLE BCH FL 32250	3.4 CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	S D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	MS. DALE M. KENNEDY
STREET ADDRESS		4.3 STREET ADDRESS	8953 LAKE KATHRYN DRIVE
CITY-ST-ZIP		4.4 CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	T D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	JOHN G. REED
STREET ADDRESS		5.3 STREET ADDRESS	8984 LAKE KATHRYN DRIVE
CITY-ST-ZIP		5.4 CITY-ST-ZIP	PONTE VEDRA BEACH, FL 32082
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(k), 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 changed, or on an attachment with an address.

SIGNATURE: *J.R. Brown Jr* MD 4/4/96 904) 241-7256
DATE: _____ DAYTIME PHONE: _____

CR2E037 (12/95)