

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. McRtham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

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



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|--|--|
| Principal Place of Business 830 9TH STREET SOUTH JACKSONVILLE BEACH FL 32250 | Mailing Address P.O. BOX 50700 JACKSONVILLE BEACH FL 32240-0700 US |
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|--|--|
| 3. Date Incorporated or Qualified 04/20/1992 | 3a. Date of Last Report 04/09/1996 |
|--|--|

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|---|---|
| 2. Principal Place of Business 21 c/o Four Seasons Mgmt Suite, Apt. #, etc. 22 10036 Sawgrass Dr. #3 City & State 23 Ponte Vedra Beach, FL Zip 24 32082 Country 25 USA | 2a. Mailing Address 26 c/o Four Seasons Mgmt Suite, Apt. #, etc. 27 P.O. Box 1159 City & State 28 Ponte Vedra Beach, FL Zip 29 32004-1159 Country 30 USA |
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| | |
|--|--|
| 4. FEI Number 59-3136302 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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
Donald J. Munch
82 Street Address (P.O. Box Number is Not Acceptable)
Four Seasons Management
83
10036 Sawgrass Dr. #3
84 City
Ponte Vedra Beach FL 85 Zip Code
32082

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, 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 *Donald J. Munch* DATE **4/7/97**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

| 12. OFFICERS AND DIRECTORS | |
|---|--|
| TITLE MD | <input type="checkbox"/> DELETE |
| NAME BROWN, J.R., JR. | |
| STREET ADDRESS 830 9TH ST S | |
| CITY-ST-ZIP JACKSONVILLE BCH FL | |
| TITLE PD | <input checked="" type="checkbox"/> DELETE |
| NAME HUEGIL, FRED W- | |
| STREET ADDRESS 8993 LAKE KATHRYN DR | |
| CITY-ST-ZIP PONTE VEDRA BCH FL | |
| TITLE VD | <input type="checkbox"/> DELETE |
| NAME WILSON, LUCILLE S | |
| STREET ADDRESS 8949 LAKE KATHRYN DR | |
| CITY-ST-ZIP PONTE VEDRA BCH FL | |
| TITLE SD | <input checked="" type="checkbox"/> DELETE |
| NAME KENNEDY, DALE M- | |
| STREET ADDRESS 8953 LAKE KATHRYN DR | |
| CITY-ST-ZIP PONTE VEDRA BCH FL | |
| TITLE TD | <input type="checkbox"/> DELETE |
| NAME REED, JOHN G | |
| STREET ADDRESS 8989 LAKE KATHRYN DR | |
| CITY-ST-ZIP PONTE VEDRA BCH FL | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | P/O MCCARTHY, NANCY D. |
| 1.3 STREET ADDRESS | 8964 LAKE KATHRYN DRIVE |
| 1.4 CITY-ST-ZIP | PONTE VEDRA BEACH, FL 32082 |
| 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | S/D CURTIS A. WEAVER, JR |
| 2.3 STREET ADDRESS | 8980 LAKE KATHRYN DR |
| 2.4 CITY-ST-ZIP | PONTE VEDRA BEACH, FL 32082 |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, changed, or on an attachment with an address.

CR2E037 (9/96)