FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham 🔸

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N48524

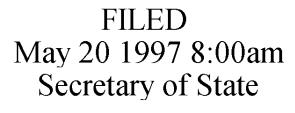
(5)

KATHRYN OAKS HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

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830 9TH STREET SOUTH JACKSONVILLE BEACH FL 32250				P.O. BOX 50700 JACKSONVILLE BEACH FL 32240-0700															
				US								te Incorp 04/20/	orated or 1992	Qualified	3a.	Date of 1 04/09]
2. Principal P	lace of Busin		2a. Malling Address					—	4. FEI Number						Ар	plied For	1		
21 c/o Four Seasons Mgmt				26 c/o Four Seasons Mgm					Mgmt	:		59-313	36302				No	Applicable	7
Suite, Apt. #, etc. 22 10036 Sawgrass Dr. #3				Suite, Apt. #, etc. 27 P.O. Box 1159						5. Certificate of Status Desired See Regulred									
City & State					City & State						6. Election Campaign Financing \$5.00 May Be							7	
	Vedra	Beach	, FL	28 Ponte Vedra Bea								st Fund	Contributi	on				o Fees	
Zip		Country	- 00004 44E0 -			Country		8. Thi	s corpor	ation has	liability fo	<u>r intangit</u>	ole tax ur	ider s.	199.032,				
₂₄ 32082		20	SA	29 32004-1159 30 USA				A	Florida Statules Yes 🔼 No										
<u>//*</u>	9. Name	and Addres	s of Current F	Register	red Agent									of New R	egistere	d Agent			
4								81	$\overset{Name}{\mathbf{D}}$	ona	ld J	. Mu	nch						
JBROWN,		ļ _Ē				82	Name Donald J. Munch Street Address (P.O. Box Number is Not Acceptable) Four Seasons Management										1		
HTG OCE									F	our	Sea	sons	Mana	igeme	nt				
	NVILLE BE/	50					83		0036	Sa	wgra	ss Dr	. #3	,					
							:	84	City P	onte	e Ve	dra :	Beach	`	F	85	Zip (ode 082	
11. Pursuant	to the provis	ions of Section	ns 617.0502 a	and 617	.1508, Florid	da Statut	es, the	above	hamen.	corpor	ration er	ibmite th	ie etatome	ent for the	nurnaec	of chang	aina it	narateinar e	┨
office or r	registered ag	ent, or both,	in the State of pt the obligation	Florida.	Such chan	ige was a	authori:	zed by	the corp	poratio	n's boar	d of dire	ctors. I he	ereby acc	ept the a	ippointme	ent as	registered	
		A AA			Nun		ui lua o	natutos	٠.						16	1-10	1		
SIGNATURE	Signature, typed	or printed name of	registered agent a				E: Registe	ered Age	nt signature	required	when reins	ating)			DATE				
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STREET ADDRESS	830 9TH								ADDRESS	89	64	LAKE	KAT	HRAN	DRIVE	5			3
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4. 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 for 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 Plock 15 or chapter 617.