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FILED
May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N48524 (5)
 1. Corporation Name

KATHRYN OAKS HOMEOWNERS ASSOCIATION, INC.



Principal Place of Business 10036 SAWGRASS DR #3 PONTE VEDRA BCH FL 32082 US	Mailing Address P.O. BOX 1159 PONTE VEDRA BCH FL 32004-1159 US
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3. Date Incorporated or Qualified
04/20/1992

4. FEI Number
59-3136302

Applied For	Not Applicable
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2. Principal Place of Business

21. Suite, Apt. #, etc.

2a. Mailing Address

26. Suite, Apt. #, etc.

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

22. City & State

27. City & State

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

23. Zip

24. Country

28. Zip

29. Country

7. Is this nonprofit corporation a homeowners association?
 Yes No

24. Zip

25. Country

29. Zip

30. Country

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

MUNCH, DONALD J
10036 SAWGRASS DR
#3
PONTE VEDRA BCH FL 32082

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 _____
 Signature, typed or printed name of registered agent and title if applicable (NOTE: R)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE	
TITLE	D	<input checked="" type="checkbox"/>	
NAME	BROWN, J.R., JR.		
STREET ADDRESS	830 9TH ST S		
CITY-ST-ZIP	JACKSONVILLE BCH FL		
TITLE	SD	<input type="checkbox"/>	
NAME	WEAVER, CURTIS A JR		
STREET ADDRESS	8980 LAKE KATHRYN DR		
CITY-ST-ZIP	PONTE VEDRA BCH FL		
TITLE	PD	<input type="checkbox"/>	
NAME	MCCARTHY, NANCY D		
STREET ADDRESS	8984 LAKE KATHRYN DR		
CITY-ST-ZIP	PONTE VEDRA BCH FL		
TITLE	SD	<input checked="" type="checkbox"/>	
NAME	KENNEDY, DALE M		
STREET ADDRESS	8953 LAKE KATHRYN DR		
CITY-ST-ZIP	PONTE VEDRA BCH FL		
TITLE	TD	<input checked="" type="checkbox"/>	
NAME	REED, JOHN G		
STREET ADDRESS	8989 LAKE KATHRYN DR		
CITY-ST-ZIP	PONTE VEDRA BCH FL		
TITLE		<input type="checkbox"/>	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

Mark McKinney
 Director
 Kathryn Oaks Association, Inc.
 8768 Lake Kathryn Drive
 Ponte Vedra Bch FL 32082

Angelo Esposito
 Vice-President
 Kathryn Oaks Association, Inc.
 8997 Lake Kathryn Drive
 Edward Harkin
 Secretary/Treasurer
 Kathryn Oaks Association, Inc.
 8948 Lake Kathryn Drive
 Ponte Vedra Bch FL 32082

4.3 STREET ADDRESS		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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		

ORS IN 72
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14. I 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 if changed, or on an attachment with an address.

SIGNATURE: _____
 Signature, typed or printed name of signing officer or director