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FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90028 006 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N48524

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified
04/20/1992

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
59-3136302

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D DELETE
NAME MCKINNEY, MARK
STREET ADDRESS 8768 LAKE KATHRYN DR
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE SD DELETE
NAME WEAVER, CURTIS A JR
STREET ADDRESS 8980 LAKE KATHRYN DR
CITY-ST-ZIP PONTE VEDRA BCH FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE PD DELETE
NAME MCCARTHY, NANCY D
STREET ADDRESS 8964 LAKE KATHRYN DR
CITY-ST-ZIP PONTE VEDRA BCH FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE VP DELETE
NAME ESPOSITO, ANGELO
STREET ADDRESS 8997 LAKE KATHRYN DR
CITY-ST-ZIP PONTE VEDRA BCH FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ST DELETE
NAME HARKIN, EDWARD
STREET ADDRESS 8948 LAKE KATHRYN DR
CITY-ST-ZIP PONTE VEDRA BCH FL 32082

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

McKinney

4-20-99

904-285-1526
Daytime Phone #

CR2E037 (1/98)