

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 01, 2000 8:00 am**  
**Secretary of State**

05-01-2000 90312 030 \*\*\*\*61.25

**DOCUMENT # N48524**

1. Entity 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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2. Principal Place of Business 2180 W SR 434	3. Mailing Address 2180 W SR 434
Suite, Apt. #, etc. STE 5000	Suite, Apt. #, etc. STE 5000
City & State LONGWOOD FL	City & State LONGWOOD FL
Zip 32779	Country US




DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3136302	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired: <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  
**MUNCH, DONALD J**  
 10036 SAWGRASS DR  
 #3  
 PONTE VEDRA BCH FL 32082

7. Name and Address of New Registered Agent  
**HART, JAMES W JR**  
 SENTRY MANAGEMENT INC  
 2180 W SR 434 STE 5000  
 LONGWOOD FL 32779-5044

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE:  DATE: **2/3/00**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make Check Payable to Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE D	<input type="checkbox"/> Delete
NAME MCKINNEY, MARK	
STREET ADDRESS 8768 LAKE KATHRYN DR	
CITY-ST-ZIP PONTE VEDRA BEACH FL 32082	
TITLE SD	<input checked="" type="checkbox"/> Delete
NAME WEAVER, CURTIS A JR	
STREET ADDRESS 8980 LAKE KATHRYN DR	
CITY-ST-ZIP PONTE VEDRA BCH FL	
TITLE PD	<input checked="" type="checkbox"/> Delete
NAME MCCARTHY, NANCY D	
STREET ADDRESS 8964 LAKE KATHRYN DR	
CITY-ST-ZIP PONTE VEDRA BCH FL	
TITLE VP	<input type="checkbox"/> Delete
NAME ESPOSITO, ANGELO	
STREET ADDRESS 8997 LAKE KATHRYN DR	
CITY-ST-ZIP PONTE VEDRA BCH FL	
TITLE ST	<input type="checkbox"/> Delete
NAME HARKIN, EDWARD	
STREET ADDRESS 8948 LAKE KATHRYN DR	
CITY-ST-ZIP PONTE VEDRA BCH FL 32082	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MCQUEARY, GLEN	
STREET ADDRESS 8985 LAKE KATHRYN DR	
CITY-ST-ZIP PONTE VEDRA BCH FL 32082	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP 32082	
TITLE VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **EDWARD HARKIN**  DATE: **4/14/00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/99)