

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90005 048 \*\*\*\*61.25

**DOCUMENT # N48524**

1. Entity Name

**KATHRYN OAKS HOMEOWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

2180 W SR 434  
 STE 5000  
 LONGWOOD FL 32779  
 US

2180 W SR 434  
 STE 5000  
 LONGWOOD FL 32779  
 US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3136302**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required

6. Name and Address of Current Registered Agent

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**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: **SD**  Delete  
 NAME: **POWELL, DON**  
 STREET ADDRESS: **8956 LAKE KATHRYN DR**  
 CITY-ST-ZIP: **PONTE VEDRA BEACH FL 32082**

TITLE: **PD**  Change  Addition  
 NAME: **Powell, Don**  
 STREET ADDRESS: **8956 Lake Kathryn Drive**  
 CITY-ST-ZIP: **Ponte Vedra Beach FL 32082**

TITLE: **TD**  Delete  
 NAME: **FERGUSON, LEE**  
 STREET ADDRESS: **8989 LAKE KATHRYN DR**  
 CITY-ST-ZIP: **PONTE VEDRA BEACH FL 32082**

TITLE: **VD**  Change  Addition  
 NAME: **Brown, Randy**  
 STREET ADDRESS: **PO Box 50700**  
 CITY-ST-ZIP: **Jacksonville FL 32240**

TITLE: **D**  Delete  
 NAME: **BROWN, RANDY**  
 STREET ADDRESS: **8977 LAKE KATHRYN DR**  
 CITY-ST-ZIP: **PONTE VEDRA BEACH FL 32082**

TITLE: **SD**  Change  Addition  
 NAME: **Euringer, Holger**  
 STREET ADDRESS: **8953 Lake Kathryn Drive**  
 CITY-ST-ZIP: **Ponte Vedra Beach FL 32082**

TITLE: **PD**  Delete  
 NAME: **MCQUEARY, GLEN**  
 STREET ADDRESS: **8985 LAKE KATHRYN DR**  
 CITY-ST-ZIP: **PONTE VEDRA BEACH FL 32082**

TITLE: **D**  Change  Addition  
 NAME: **McCarthy, John**  
 STREET ADDRESS: **8964 Lake Kathryn Drive**  
 CITY-ST-ZIP: **Ponte Vedra Beach FL 32082**

TITLE: **VD**  Delete  
 NAME: **MCCARTHY, JOHN**  
 STREET ADDRESS: **8964 LAKE KATHRYN DRIVE**  
 CITY-ST-ZIP: **PONTE VEDRA BEACH FL 32082**

TITLE:  Change  Addition  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE:  Delete  
 NAME: \_\_\_\_\_  
 STREET ADDRESS: \_\_\_\_\_  
 CITY-ST-ZIP: \_\_\_\_\_

TITLE:  Change  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:** \_\_\_\_\_

*Don Powell*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*February 26, 2002*  
 Date

Daytime Phone # \_\_\_\_\_

CR2E037 (9/01)