


FILED
May 14, 2003 8:00 am
Secretary of State

04-28-2003 90490 047 ****61.25

**2003 NOT-FOR-PROFIT CORPORATION
 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # N48524			
1. Entity Name KATHRYN OAKS HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 2180 W SR 434 STE 5000 LONGWOOD FL 32779 US		Mailing Address 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 <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW: FEE IS \$61.25		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE PD NAME POWELL, DON STREET ADDRESS 8956 LAKE KATHRYN DR CITY-ST-ZIP PONTE VEDRA BEACH FL 32082	<input checked="" type="checkbox"/> Delete	TITLE PD NAME President STREET ADDRESS Fred Rhodes 8961 Lake Kathryn Dr. CITY-ST-ZIP Ponte Vedra Bch FL 32082	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VD NAME BROWN, RANDY STREET ADDRESS PO BOX 50700 CITY-ST-ZIP JACKSONVILLE FL 32240	<input checked="" type="checkbox"/> Delete	TITLE VD NAME Kathleen Nelson STREET ADDRESS Vice President 8972 Lake Kathryn Dr. CITY-ST-ZIP Ponte Vedra Beach FL 32082	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE SD NAME EURINGER, HOLGER STREET ADDRESS 8953 LAKE KATHRYN DR. CITY-ST-ZIP PONTE VEDRA BEACH FL 32082	<input type="checkbox"/> Delete	TITLE D NAME Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE D NAME MCCARTHY, JOHN STREET ADDRESS 8964 LAKE KATHRYN DR. CITY-ST-ZIP PONTE VEDRA BEACH FL 32082	<input checked="" type="checkbox"/> Delete	TITLE SD NAME Secretary STREET ADDRESS Loretha Weaver 8980 Lake Kathryn Dr. CITY-ST-ZIP Ponte Vedra Beach FL 32082	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VD NAME MCCARTHY, JOHN STREET ADDRESS 8964 LAKE KATHRYN DRIVE CITY-ST-ZIP PONTE VEDRA BEACH FL 32082	<input checked="" type="checkbox"/> Delete	TITLE TD NAME Treasurer STREET ADDRESS Lee Ferguson 8989 Lake Kathryn Dr. CITY-ST-ZIP Ponte Vedra Beach FL 32082	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Fred Rhodes</i>		Date: 15MAY03 1904 5430696	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date DayTime Phone #</small>	

CR2E037 (10/02)