

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 737996 (9)

1. Corporation Name

KIMBERLEA CONDOMINIUM III ASSOCIATION, INC.

Principal Place of Business

**2025 SYLVESTER ROAD. BUILDING W
LAKELAND FL 33803**

Mailing Address

**2025 SYLVESTER ROAD. BUILDING W
LAKELAND FL 33803**



3. Date Incorporated or Qualified

02/04/1977

3a. Date of Last Report

04/07/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SCHOFIELD, CHARLOTTE F
2025 SYLVESTER RD., S-3
LAKELAND FL 33803**

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

TITLE PD
NAME DICCO, DANIEL
STREET ADDRESS 2025 SYLVESTER RD O-1
CITY-ST-ZIP LAKELAND FL ☐ DELETE

TITLE VPD
NAME TRAVERS, GLADYS
STREET ADDRESS 2025 SYLVESTER RD R-1
CITY-ST-ZIP LAKELAND FL ☐ DELETE

TITLE TD
NAME DENBREEIJEN, SUZANNE
STREET ADDRESS 2025 SYLVESTER RD R-2
CITY-ST-ZIP LAKELAND FL ☐ DELETE

TITLE SD
NAME SCHOFIELD, CHARLOTTE
STREET ADDRESS 2025 SYLVESTER RD S-3
CITY-ST-ZIP LAKELAND FL ☐ DELETE

TITLE D
NAME BECK, JUNE
STREET ADDRESS 2025 SYLVESTER RD O-4
CITY-ST-ZIP LAKELAND FL ☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**D
Joseph Jenkins
2025 Sylvester Red Q-4
Lakeland FL 33803**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daniel Dicco 4-9-96
Date Daytime Phone #

CR2E037 (12/95)