

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 20 PM 2:19

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # 765713 (3)  
1. Corporation Name  
KIMBERLEA CONDOMINIUM IV ASSOCIATION, INC.

Principal Place of Business Mailing Address  
2025 SYLVESTER ROAD. BLDG. W LAKELAND FL 33803 2025 SYLVESTER ROAD. BLDG. W LAKELAND FL 33803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/09/1982 3a. Date of Last Report 04/22/1994

4. FEI Number 59-2364917 Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

9. Name and Address of Current Registered Agent  
JENKINSON, MARY JANE  
2025 SYLVESTER RD C-3  
LAKELAND FL 33803

10. Name and Address of New Registered Agent  
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE MARY JANE JENKINSON Pres. Mary Jane Jenkinson DATE 3/13/95

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	DISTEL, DON
STREET ADDRESS	2025 SYLVESTER RD D-1
CITY-ST-ZIP	LAKELAND, FL 00000
TITLE	PD
NAME	JENKINSON, MARY JANE
STREET ADDRESS	2025 SYLVESTER RD C-3
CITY-ST-ZIP	LAKELAND FL
TITLE	D
NAME	FROST, KERMIS
STREET ADDRESS	2025 SYLVESTER RD D-5
CITY-ST-ZIP	LAKELAND FL
TITLE	D
NAME	THORNE, ROBERT
STREET ADDRESS	2025 SYLVESTER RD C1
CITY-ST-ZIP	LAKELAND FL
TITLE	<del>STD</del>
NAME	<del>MCGARTNEY, MARGARET</del>
STREET ADDRESS	<del>2025 SYLVESTER RD D-0</del>
CITY-ST-ZIP	<del>LAKELAND FL</del>
TITLE	Director
NAME	Gregory Koch
STREET ADDRESS	2025 Sylvester Rd D-4
CITY-ST-ZIP	LAKELAND FL 33803

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Secretary/T/D
4.3 STREET ADDRESS	Thorne, Robert
4.4 CITY-ST-ZIP	same address
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: Mary Jane Jenkinson DATE 3/13/95 813 646-8715