


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90047 023 ****61.25

DOCUMENT # 765713 1. Entity Name KIMBERLEA CONDOMINIUM IV ASSOCIATION, INC.	
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Principal Place of Business 2025 SYLVESTER ROAD, BLDG. W LAKELAND FL 33803	Mailing Address 2025 SYLVESTER ROAD, BLDG. W LAKELAND FL 33803
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/06)

City & State	City & State	4. FEI Number 59-2364917	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MILLER, LINDA 2025 SYLVESTER RD A-1 LAKELAND FL 33803	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE	PT <input type="checkbox"/> Delete
NAME	HUTCHERSON, ANNETTE
STREET ADDRESS	2025 SYLVESTER RD, C-5
CITY-ST-ZIP	LAKELAND FL 33803
TITLE	D <input type="checkbox"/> Delete
NAME	WHALEN, ANN
STREET ADDRESS	2025 SYLVESTER RD, B-1
CITY-ST-ZIP	LAKELAND FL 33803
TITLE	VP <input type="checkbox"/> Delete
NAME	GUTHRIE, ELEANOR
STREET ADDRESS	2025 SYLVESTER RD B-5
CITY-ST-ZIP	LAKELAND FL 33803
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEST, TERRY
STREET ADDRESS	2025 SYLVESTER RD, D-2
CITY-ST-ZIP	LAKELAND FL 33803
TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HADLEY, GRACE
STREET ADDRESS	2025 SYLVESTER RD, D-3
CITY-ST-ZIP	LAKELAND FL 33803
TITLE	<input 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	
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 exemptions contained in Section 119, 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: *Ann Hutchinson* *22 April 2007*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #