

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 765713

FILED
Feb 28, 2009
Secretary of State

Entity Name: KIMBERLEA CONDOMINIUM IV ASSOCIATION, INC.

Current Principal Place of Business:

2025 SYLVESTER ROAD, BLDG. W
LAKELAND, FL 33803

New Principal Place of Business:

Current Mailing Address:

2025 SYLVESTER ROAD, BLDG. W
LAKELAND, FL 33803

New Mailing Address:

FEI Number: 59-2364917

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, LINDA
2025 SYLVESTER RD A-1
LAKELAND, FL 33803 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PT () Delete
Name: HUTCHERSON, ANNETTE
Address: 2025 SYLVESTER RD, C-5
City-St-Zip: LAKELAND, FL 33803

Title: D () Delete
Name: WHALEN, ANN
Address: 2025 SYLVESTER RD, B-1
City-St-Zip: LAKELAND, FL 33803

Title: VP () Delete
Name: GUTHRIE, ELEANOR
Address: 2025 SYLVESTER RD B-5
City-St-Zip: LAKELAND, FL 33803

Title: D () Delete
Name: WEST, TERRY
Address: 2025 SYLVESTER RD D-2
City-St-Zip: LAKELAND, FL 33803

Title: D () Delete
Name: HADLEY, GRACE
Address: 2025 SYLVESTER RD D-3
City-St-Zip: LAKELAND, FL 33803

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: HUTCHERSON, ANNETTE
Address: 2025 SYLVESTER RD, C-5
City-St-Zip: LAKELAND, FL 33803

Title: S (X) Change () Addition
Name: WHALEN, ANN
Address: 2025 SYLVESTER RD, B-1
City-St-Zip: LAKELAND, FL 33803

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANNETTE HUTCHERSON

PRES

02/28/2009

Electronic Signature of Signing Officer or Director

Date