

**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 # 769771 (7)**

1. Corporation Name  
**KIMBERLEA CONDOMINIUM V ASSOCIATION, INC.**



Principal Place of Business Mailing Address  
**2025 SYLVESTER RD. BLDG. W  
P.O. BOX 6500  
LAKELAND FL 33803**

3. Date Incorporated or Qualified **08/09/1983** 3a. Date of Last Report **02/20/1995**

21	2. Principal Place of Business	2a	Mailing Address	4	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		<b>59-2928126</b>	Not Applicable
22	City & State	27	City & State	5	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	28	Country	6	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	Country	29	Country	8	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

**9. Name and Address of Current Registered Agent**

**NICHOLS, FORREST J  
2025 SYLVESTER RD BB-7  
LAKELAND FL 33803**

**10. Name and Address of New Registered Agent**

81 Name **Virginia L. McKenzie**  
82 Street Address (P.O. Box Number is Not Acceptable) **2025 Sylvester Rd. G-1**  
83  
84 City **Lakeland** FL 85 Zip Code **33803**

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 **Virginia L. McKenzie** **Virginia L. McKenzie** **2-5-96**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-filing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICHOLS, FORREST J		1.2 NAME	Virginia McKenzie	
STREET ADDRESS	2025 SYLVESTER RD BB-7		1.3 STREET ADDRESS	2025 Sylvester Rd. G-1	
CITY-ST-ZIP	LAKELAND FL		1.4 CITY-ST-ZIP	Lakeland, Fl. 33803	
TITLE	DT	<input type="checkbox"/> DELETE	2.1 TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VIAR, LEE		2.2 NAME	David Thomas	
STREET ADDRESS	2025 SYLVESTER RD BB-5		2.3 STREET ADDRESS	2025 Sylvester Rd. BB-3	
CITY-ST-ZIP	LAKELAND FL		2.4 CITY-ST-ZIP	Lakeland FL. 33803	
TITLE	D	<input type="checkbox"/> DELETE	3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCKENZIE, VIRGINIA		3.2 NAME	Arnold Ross	
STREET ADDRESS	2025 SYLVESTER RD G-1		3.3 STREET ADDRESS	2025 Sylvester Rd. AA-2	
CITY-ST-ZIP	LAKELAND FL		3.4 CITY-ST-ZIP	Lakeland FL. 33803	
TITLE	DS	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ARNOLD, IOLA		4.2 NAME	Maysle Dudek	
STREET ADDRESS	2025 SYLVESTER RD E2		4.3 STREET ADDRESS	2025 Sylvester Rd. BB-1	
CITY-ST-ZIP	LAKELAND FL		4.4 CITY-ST-ZIP	Lakeland, FL. 33803	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SUTTON, PAT		5.2 NAME	Gene Wells	
STREET ADDRESS	2025 SYLVESTER RD G-4		5.3 STREET ADDRESS	2025 Sylvester Rd. BB-2	
CITY-ST-ZIP	LAKELAND FL		5.4 CITY-ST-ZIP	Lakeland FL. 33803	
TITLE	DP	<input checked="" type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANOR, ANN		6.2 NAME		
STREET ADDRESS	2025 SYLVESTER RD. I-4		6.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		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: **Virginia L. McKenzie - President** **2-6-96** **941-687-2757**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)