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Feb 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

2025 SYLVESTER RD. BLDG. W
P.O. BOX 6500
LAKELAND FL 33803-3579

3. Date Incorporated or Qualified
08/09/1983

3a. Date of Last Report
02/28/1996

2. Principal Place of Business

2a. Mailing Address

21 2025 Sylvester Rd
Suite, Apt. #, etc.

26 2025 Sylvester Rd
Suite, Apt. #, etc.

22 Bldg W
City & State

27 Bldg W
City & State

23 Lakeland Fla
Zip

28 Lakeland Fla
Zip

24 33803
Country

29 33803
Country

30

4. FEI Number
59-2928126

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCKENZIE, VIRGINIA L.
2025 SYLVESTER ROAD
SUITE G-1
LAKELAND FL 33803

81 Name Bill Gammon

82 Street Address (P.O. Box Number is Not Acceptable)
2025 Sylvester Rd. E3

83

84 City Lakeland

FL

85 Zip Code 33803

11. Pursuant to the provisions of Sections 617.0502 and 617.1506, 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

William A. Gammon
Signature. Typed or printed name of registered agent and title if applicable

William A. Gammon
(NOTE: Registered Agent signature required when reinstating)

2/7/97
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP DELETE
NAME MCKENZIE, VIRGINIA
STREET ADDRESS 2025 SYLVESTER ROAD G-1
CITY-ST-ZIP LAKELAND FL

1.1 TITLE President Change Addition
1.2 NAME Bill Gammon
1.3 STREET ADDRESS 2025 Sylvester Rd E3
1.4 CITY-ST-ZIP Lakeland, Fla. 33803

TITLE DT DELETE
NAME VIAR, LEE
STREET ADDRESS 2025 SYLVESTER RD BB-5
CITY-ST-ZIP LAKELAND FL

2.1 TITLE Vice-President Change Addition
2.2 NAME Caroline Field
2.3 STREET ADDRESS 2025 Sylvester Rd H4
2.4 CITY-ST-ZIP Lakeland Fla. 33803

TITLE D DELETE
NAME MCKENZIE, VIRGINIA
STREET ADDRESS 2025 SYLVESTER RD G-1
CITY-ST-ZIP LAKELAND FL

3.1 TITLE Secretary Change Addition
3.2 NAME Loretta Nichols
3.3 STREET ADDRESS 2025 Sylvester Rd. 887
3.4 CITY-ST-ZIP Lakeland, Fla. 33803

TITLE D DELETE
NAME ROSS, ARNOLD
STREET ADDRESS 2025 SYLVESTER ROAD AA-2
CITY-ST-ZIP LAKELAND FL

4.1 TITLE Treasurer Change Addition
4.2 NAME JOLA G. ARNOLD
4.3 STREET ADDRESS 2025 Sylvester Rd 684
4.4 CITY-ST-ZIP Lakeland, Fla. 33803

TITLE Director DELETE
NAME DUDEK, MAYSELE
STREET ADDRESS 2025 SYLVESTER ROAD BB-1
CITY-ST-ZIP LAKELAND FL

5.1 TITLE Director Change Addition
5.2 NAME Lester Shoup
5.3 STREET ADDRESS 2025 Sylvester Rd G2
5.4 CITY-ST-ZIP Lakeland, Fla. 33803

TITLE D DELETE
NAME WELLS, GENE
STREET ADDRESS 2025 SYLVESTER ROAD B-2
CITY-ST-ZIP LAKELAND FL

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP
500002093589
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2.20

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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

Jola G. Arnold JOLA G. ARNOLD 2/7/97 94/683-8663
Date Daytime Phone # 0052623

CR2E037 (9/96)