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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
 Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS



SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # 769771

1. Corporation Name
 KIMBERLEA CONDOMINIUM V ASSOCIATION, INC.

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



21	2a	3	4	5	6
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	4. FEI Number	5. Certificate of Status Desired	6. Election Campaign Financing Trust Fund Contribution
2025 SYLVESTER RD. BLDG. W LAKELAND FL 33803	2025 SYLVESTER RD. BLDG. W LAKELAND FL 33803	08/09/1983	59-2928126	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	<input type="checkbox"/> \$5.00 May Be Added to Fees
22	27	Applied For Not Applicable			
Suite, Apt. #, etc.	Suite, Apt. #, etc.				
23	28				
City & State	City & State				
24	25	29	30		
Zip	Country	Zip	Country		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GAMMON, BILL A 2025 SYLVESTER ROAD SUITE E-3 LAKELAND FL 33803		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 617.0502 and 617.1509, 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: *[Signature]* DATE: 1/11/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP Director <input type="checkbox"/> DELETE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAMMON, BILL A	12 NAME	
STREET ADDRESS	2025 SYLVESTER ROAD E-3	13 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33803	14 CITY-ST-ZIP	
TITLE	VP Director <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FIELD, CAROLINE	22 NAME	
STREET ADDRESS	2025 SYLVESTER RD H-4	23 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33803	24 CITY-ST-ZIP	
TITLE	DS Director <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NICHOLS, LORETTA	32 NAME	
STREET ADDRESS	2025 SYLVESTER RD BB-7	33 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33803	34 CITY-ST-ZIP	
TITLE	DT Director <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IOLA, ARNOLD G	42 NAME	
STREET ADDRESS	2025 SYLVESTER ROAD BB-4	43 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33803	44 CITY-ST-ZIP	
TITLE	D Director <input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POWELL, MARGARET	52 NAME	
STREET ADDRESS	2025 SYLVESTER RD, AAS	53 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33803	54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 118.07(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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 1/11/99 COPY: 941683-8663

CR2E037 (11/98)