


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 09, 2006 8:00 am
Secretary of State

02-09-2006 90045 023 ****61.25

DOCUMENT # 769771
 1. Entity 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**



2. Principal Place of Business: Suite, Apt. #, etc.
 3. Mailing Address: Suite, Apt. #, etc.

1st MOORE CR2E037 (10/05)

City & State

4. FEI Number: **59-2928126**
 Applied For: Not Applicable:

Zip: Country

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
JACKSON, JANET
2025 SYLVESTER RD
E-2
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:

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: *Janet A. Jackson*
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE:

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> Delete
NAME	PETERSON, CAROLEE	
STREET ADDRESS	2025 SYLVEST RD 14	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	P	<input type="checkbox"/> Delete
NAME	JACKSON, JANET	
STREET ADDRESS	2025 SYLVESTER RD E-2	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	DS	<input checked="" type="checkbox"/> Delete
NAME	NICHOLS, LORETTA	
STREET ADDRESS	2025 SYLVESTER RD BB-7	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	DT	<input type="checkbox"/> Delete
NAME	IOLA, ARNOLD G	
STREET ADDRESS	2025 SYLVESTER ROAD BB-4	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	V	<input type="checkbox"/> Delete
NAME	FIELD, CAROLYN	
STREET ADDRESS	2025 SYLVESTER RD. H-4	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	SHOUP, LESTER	
STREET ADDRESS	2025 SYLVEST RD G1	
CITY-ST-ZIP	LAKELAND FL 33803	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Margie Brown	
STREET ADDRESS	2025 Sylvester Rd H-3	
CITY-ST-ZIP	Lakeland, Fla 33803	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Frances Mc Crane	
STREET ADDRESS	2025 Sylvester Rd I-5	
CITY-ST-ZIP	Lakeland, Fla. 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		

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: *Iola Arnold, Treasurer* 1/26/06 863/683-8663