

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLOIDA DEPARTMENT OF STATE  
Sandra B. Morth  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N94000000609 (7)**

1. Corporation Name

**KIMBERLEA COMMUNITY FACILITIES MASTER ASSOCIATION, INC.**



Principal Place of Business

Mailing Address

3900 S. FLORIDA AVENUE  
LAKELAND FL 33813

2000 E EDGEWATER DR  
SUITE 102  
LAKELAND FL 33803  
US

3. Date Incorporated or Qualified  
**01/31/1994**

3a. Date of Last Report  
**05/01/1995**

2. Principal Place of Business

2a. Mailing Address

21 **2025 Sylvester Rd.**

26 **2000 E Edgewater Dr.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **BLDG W**

27 **102**

City & State

City & State

23 **Lakeland FL**

28 **Lakeland FL 33803**

Zip

Country

Zip

Country

24 **33803**

25

29

30

4. FEI Number  
**59-3226363**

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

LADERER, ED  
2000 E EDGWATER DR  
SUITE 102  
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 617.1508, 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

Signature (typed or printed name of registered agent and title if applicable)

(Block 10) Registered agent signature required when forming a corporation

(Date)

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                                   |                                 |
|----------------|-----------------------------------|---------------------------------|
| TITLE          | <b>D</b>                          | <input type="checkbox"/> DELETE |
| NAME           | <b>MASTERS, GREG</b>              |                                 |
| STREET ADDRESS | <b>2000 E EDGEWOOD DR STE 102</b> |                                 |
| CITY-ST-ZIP    | <b>LAKELAND FL</b>                |                                 |
| TITLE          | <b>D</b>                          | <input type="checkbox"/> DELETE |
| NAME           | <b>LADUER, EDWARD</b>             |                                 |
| STREET ADDRESS | <b>2000 E EDGEWOOD DR STE 102</b> |                                 |
| CITY-ST-ZIP    | <b>LAKELAND FL</b>                |                                 |
| TITLE          | <b>D</b>                          | <input type="checkbox"/> DELETE |
| NAME           | <b>GARD, GARY G</b>               |                                 |
| STREET ADDRESS | <b>5048 KIRKLAND ROAD</b>         |                                 |
| CITY-ST-ZIP    | <b>LAKELAND FL 33811</b>          |                                 |
| TITLE          |                                   | <input type="checkbox"/> DELETE |
| NAME           |                                   |                                 |
| STREET ADDRESS |                                   |                                 |
| CITY-ST-ZIP    |                                   |                                 |
| TITLE          |                                   | <input type="checkbox"/> DELETE |
| NAME           |                                   |                                 |
| STREET ADDRESS |                                   |                                 |
| CITY-ST-ZIP    |                                   |                                 |
| TITLE          |                                   | <input type="checkbox"/> DELETE |
| NAME           |                                   |                                 |
| STREET ADDRESS |                                   |                                 |
| CITY-ST-ZIP    |                                   |                                 |

|                   |  |
|-------------------|--|
| 11 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12 NAME           |  |
| 13 STREET ADDRESS |  |
| 14 CITY-ST-ZIP    |  |
| 21 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 22 NAME           | <b>Laderer, Edward</b>   |
| 23 STREET ADDRESS | <b>same</b>  |
| 24 CITY-ST-ZIP    |  |
| 31 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 32 NAME           |  |
| 33 STREET ADDRESS |  |
| 34 CITY-ST-ZIP    |  |
| 41 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 42 NAME           |  |
| 43 STREET ADDRESS |  |
| 44 CITY-ST-ZIP    |  |
| 51 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 52 NAME           |  |
| 53 STREET ADDRESS |  |
| 54 CITY-ST-ZIP    |  |
| 61 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 62 NAME           |  |
| 63 STREET ADDRESS |  |
| 64 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-15-96**

(Date)

Daytime Phone #

CR2E037 (12/95)