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May 15 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N94000000609 (7)  
1. Corporation Name  
KIMBERLEA COMMUNITY FACILITIES MASTER ASSOCIATION, INC.

Principal Place of Business: 2025 SYLVESTER ROAD BUILDING W LAKELAND FL 33803 US  
Mailing Address: 2000 E. EDGEWOOD DRIVE SUITE 102 LAKELAND FL 33803 US

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)  
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

3. Date Incorporated or Qualified: 01/31/1994  
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  
7. Is this nonprofit corporation a homeowners association? ( ) Yes ( ) No  
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ( ) Yes ( ) No

9. Name and Address of Current Registered Agent  
LADERER, ED  
2000 E EDGWATER DR  
SUITE 102  
LAKELAND FL 33803

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
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 \_\_\_\_\_ (NOTE: Reg'd Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		1. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	TITLE	
NAME	MASTERS, GREG	NAME	
STREET ADDRESS	2000 E EDGEWOOD DR STE 102	STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	CITY-ST-ZIP	
TITLE	D	2LE	
NAME	LADENER, EDWARD	2ME	
STREET ADDRESS	2000 E EDGEWOOD DR STE102	2REET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	2Y-ST-ZIP	
TITLE	D	3E	
NAME	GARD, GARY G	3ME	
STREET ADDRESS	5048 KIRKLAND ROAD	3EET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33811	3'-ST-ZIP	
TITLE		4E	
NAME		4ME	
STREET ADDRESS		4EET ADDRESS	
CITY-ST-ZIP		4-S'-ZIP	
TITLE		5E	
NAME		5ME	
STREET ADDRESS		5EET ADDRESS	
CITY-ST-ZIP		5A'-ZIP	
TITLE		6E	
NAME		6ME	
STREET ADDRESS		6EET ADDRESS	
CITY-ST-ZIP		6A'-ZIP	

14. I 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 supplement to annual report is true and accurate at my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or its registered trustee empowered to execute reports as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR \_\_\_\_\_

CR2E037 (10/97)