FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

3. Date Incorporated or Qualified: 08/09/1983
3a. Date of Last Report: 02/20/1995
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

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

9. Name and Address of Current Registered Agent

NICHOLS, FORREST J
2025 SYLVESTER RD BB-7
LAKELAND FL 33803

10. Name and Address of New Registered Agent

81 Name: Virginia L. McKenzie
82 Street Address (P.O. Box Number is Not Acceptable): 2025 Sylvester Rd. G-1
83
84 City: Lakeland FL 85 Zip Code: 33803

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: Virginia L. McKenzie — Virginia L. McKenzie — 2-5-96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☒ DELETE	1.1 TITLE	DP	☒ Change ☐ Addition
NAME	NICHOLS, FORREST J		1.2 NAME	Virginia McKenzie	
STREET ADDRESS	2025 SYLVESTER RD BB-7		1.3 STREET ADDRESS	2025 Sylvester Rd. G-1	
CITY-ST-ZIP	LAKELAND FL		1.4 CITY-ST-ZIP	Lakeland, Fl. 33803	
TITLE	DT	☐ DELETE	2.1 TITLE	DVP	☐ Change ☒ Addition
NAME	VIAR, LEE		2.2 NAME	David Thomas	
STREET ADDRESS	2025 SYLVESTER RD BB-5		2.3 STREET ADDRESS	2025 Sylvester Rd. BB-3	
CITY-ST-ZIP	LAKELAND FL		2.4 CITY-ST-ZIP	Lakeland FL. 33803	
TITLE	D	☐ DELETE	3.1 TITLE	D	☐ Change ☒ Addition
NAME	MCKENZIE, VIRGINIA		3.2 NAME	Arnold Ross	
STREET ADDRESS	2025 SYLVESTER RD G-1		3.3 STREET ADDRESS	2025 Sylvester Rd. AA-2	
CITY-ST-ZIP	LAKELAND FL		3.4 CITY-ST-ZIP	Lakeland FL. 33803	
TITLE	DS	☒ DELETE	4.1 TITLE	D	☐ Change ☒ Addition
NAME	ARNOLD, IOLA		4.2 NAME	Maysele Dudek	
STREET ADDRESS	2025 SYLVESTER RD E2		4.3 STREET ADDRESS	2025 Sylvester Rd. BB-1	
CITY-ST-ZIP	LAKELAND FL		4.4 CITY-ST-ZIP	Lakeland, FL. 33803	
TITLE	DVP	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	SUTTON, PAT		5.2 NAME	Gene Wells	
STREET ADDRESS	2025 SYLVESTER RD G-4		5.3 STREET ADDRESS	2025 Sylvester Rd. BB-2	
CITY-ST-ZIP	LAKELAND FL		5.4 CITY-ST-ZIP	Lakeland FL. 33803	
TITLE	DP	☒ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MANOR, ANN		6.2 NAME		
STREET ADDRESS	2025 SYLVESTER RD. I-4		6.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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: Virginia L. McKenzie - President — 2-6-96 — 941-687-2757
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #