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Feb 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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 33803-3579

3. Date Incorporated or Qualified: 08/09/1983
3a. Date of Last Report: 02/28/1996

2. Principal Place of Business	2a. Mailing Address
21 2025 Sylvester Rd	26 2025 Sylvester Rd
Suite, Apt. #, etc. 22 Bldg W	Suite, Apt. #, etc. 27 Bldg W
City & State 23 Lakeland Fla	City & State 28 Lakeland Fla
Zip / Country 24 33803 / 25	Zip / Country 29 33803 / 30

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

9. Name and Address of Current Registered Agent

MCKENZIE, VIRGINIA L.
2025 SYLVESTER ROAD
SUITE G-1
LAKELAND FL 33803

10. Name and Address of New Registered Agent

81 Name: Bill Gammon
82 Street Address (P.O. Box Number is Not Acceptable): 2025 Sylvester Rd. E3
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: William A. Gammon — William A. Gammon — 2/7/97
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	President	☒ Change ☐ Addition
NAME	MCKENZIE, VIRGINIA		1.2 NAME	Bill Gammon	
STREET ADDRESS	2025 SYLVESTER ROAD G-1		1.3 STREET ADDRESS	2025 Sylvester Rd E3	
CITY-ST-ZIP	LAKELAND FL		1.4 CITY-ST-ZIP	Lakeland Fla. 33803	
TITLE	DT	☒ DELETE	2.1 TITLE	Vice-President	☒ Change ☐ Addition
NAME	VIAR, LEE		2.2 NAME	Caroline Fields	
STREET ADDRESS	2025 SYLVESTER RD BB-5		2.3 STREET ADDRESS	2025 Sylvester Rd H4	
CITY-ST-ZIP	LAKELAND FL		2.4 CITY-ST-ZIP	Lakeland Fla. 33803	
TITLE	D	☒ DELETE	3.1 TITLE	Secretary	☒ Change ☐ Addition
NAME	MCKENZIE, VIRGINIA		3.2 NAME	Loretta Nichols	
STREET ADDRESS	2025 SYLVESTER RD G-1		3.3 STREET ADDRESS	2025 Sylvester Rd. BB7	
CITY-ST-ZIP	LAKELAND FL		3.4 CITY-ST-ZIP	Lakeland, Fla. 33803	
TITLE	D	☒ DELETE	4.1 TITLE	Treasurer	☒ Change ☐ Addition
NAME	ROSS, ARNOLD		4.2 NAME	Iola G. Arnold	
STREET ADDRESS	2025 SYLVESTER ROAD AA-2		4.3 STREET ADDRESS	2025 Sylvester Rd 684	
CITY-ST-ZIP	LAKELAND FL		4.4 CITY-ST-ZIP	Lakeland, Fla. 33803	
TITLE	Director	☐ DELETE	5.1 TITLE	Director	☒ Change ☐ Addition
NAME	DUDEK, MAYSELE		5.2 NAME	Lester Shoaf	
STREET ADDRESS	2025 SYLVESTER ROAD BB-1		5.3 STREET ADDRESS	2025 Sylvester Rd Q1	
CITY-ST-ZIP	LAKELAND FL		5.4 CITY-ST-ZIP	Lakeland, Fla. 33803	
TITLE	D	☒ DELETE	6.1 TITLE	500002093585	☐ Change ☐ Addition
NAME	WELLS, GENE		6.2 NAME	-02/20/97--01092--006	
STREET ADDRESS	2025 SYLVESTER ROAD B-2		6.3 STREET ADDRESS	***61.25	
CITY-ST-ZIP	LAKELAND F		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do 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 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: Iola G. Arnold — IOLA G. ARNOLD — 2/7/97 — 941 683-8663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0052623