2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 769771

1. Entity Name

KIMBERLEA CONDOMINIUM V ASSOCIATION, INC.

FILED
Jan 13, 2000 8:00 am
Secretary of State
01-13-2000 90009 023 ****61.25

Principal Place of Business	Mailing Address
2025 SYLVESTER RD. BLDG. W LAKELAND FL 33803	2025 SYLVESTER RD. BLDG. W LAKELAND FL 33803-3579

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-2928126 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GAMMON, BILL A 2025 SYLVESTER ROAD SUITE E-3 LAKELAND FL 33803	Name: Samuel Brown Street Address (P.O. Box Number is Not Acceptable): 2025 Sylvester Rd. Apt. H-3 City: Lakeland **FL** Zip Code: 33803

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.

SIGNATURE X Samuel Brown 1/6/00
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

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP GAMMON, BILL A 2025 SYLVESTER ROAD E-3 LAKELAND FL 33803	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Samuel Brown 2025 Sylvester Rd H-3 Lakeland, Fl 33803	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD FIELD, CAROLINE 2025 SYLVESTER RD H-4 LAKELAND FL 33803	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director Lester Shoup 2025 Sylvester Rd G-1 Lakeland, Fl 33803	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS NICHOLS, LORETTA 2025 SYLVESTER RD BB-7 LAKELAND FL 33803	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT IOLA, ARNOLD G 2025 SYLVESTER ROAD BB-4 LAKELAND FL 33803	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D POWELL, MARGARET 2025 SYLVESTER RD, AAS LAKELAND FL 33803	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (9/99)

12. 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 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: Samuel Brown REQUIRED 1/5/00 863-683-8663
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #