

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 769771

1. Entity Name

KIMBERLEA CONDOMINIUM V ASSOCIATION, INC.

Principal Place of Business

2025 SYLVESTER RD. BLDG. W
LAKELAND FL 33803

Mailing Address

2025 SYLVESTER RD. BLDG. W
LAKELAND FL 33803

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

SAMUEL BROWN
2025 SYLVESTER RD
CONDO H3
LAKELAND FL 33803

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Samuel Brown

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1/8/02

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FIELD, CAROLYN 2025 SYLVESTER RD H4 LAKELAND FL 33803	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SHOUP, LESTER 2025 SYLVESTER RD G1 LAKELAND FL 33803	☐ Delete
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	DT IOLA, ARNOLD G 2025 SYLVESTER ROAD BB-4 LAKELAND FL 33803	☐ Delete
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	P BROWN, SAMUEL 2025 SYLVESTER RD H3 LAKELAND FL 33803	☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1/8/02 863/683-8663

Daytime Phone #

CR2E037 (9/01)

FILED
Jan 25, 2002 8:00 am
Secretary of State

01-25-2002 90016 018 ****61.25



DO NOT WRITE IN THIS SPACE