

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000000609

**FILED**  
**Feb 18, 2024**  
**Secretary of State**  
**3359766773CC**

**Entity Name:** KIMBERLEA COMMUNITY FACILITIES MASTER ASSOCIATION, INC.

**Current Principal Place of Business:**

2025 SYLVESTER ROAD  
BUILDING W  
LAKELAND, FL 33803

**Current Mailing Address:**

2025 SYLVESTER ROAD  
BUILDING W  
LAKELAND, FL 33803 US

**FEI Number: 59-3226363**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

RUSSELL E. KLEMM, ESQ. C/O CLAYTON & MCCULLOH, P.A.  
THE CLAYTON S MCCULLOH BUILDING  
1065 MAITLAND CENTER COMMONS BLVD  
MAITLAND, FL 32751 US

*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:** RUSSELL E. KLEMM, ESQ.

02/18/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT, DIRECTOR  
Name            HEMPSTEAD, LOWELL  
Address        2025 SYLVESTER RD., P-5  
City-State-Zip: LAKELAND FL 33803

Title            VP, DIRECTOR  
Name            WOODSON, MAUREEN  
Address        2025 SYLVESTER RD. UNIT A-1  
City-State-Zip: LAKELAND FL 33803

Title            TREASURER, DIRECTOR  
Name            COCHRAN, SHELBY  
Address        2025 SYLVESTER RD.  
                  UNIT QQ-1  
City-State-Zip: LAKELAND FL 33803

Title            DIRECTOR  
Name            VELOZ, FAYE  
Address        2025 SYLVESTER ROAD  
                  UNIT BB-1  
City-State-Zip: LAKELAND FL 33803

Title            DIRECTOR  
Name            NULPH, SHERRY  
Address        2025 SYLVESTER RD, #N105  
City-State-Zip: LAKELAND FL 33803

Title            DIRECTOR  
Name            HARVEY, JANET  
Address        2025 SYLVESTER RD.  
                  UNIT EE-1  
City-State-Zip: LAKELAND FL 33803

Title            DIRECTOR  
Name            MOORE, KIMBERLY  
Address        2025 SYLVESTER ROAD  
                  UNIT M-1  
City-State-Zip: LAKELAND FL 33803

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** LOWELL D HEMPSTEAD

**PRESIDENT**

02/18/2024

Electronic Signature of Signing Officer/Director Detail

Date