

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N94000000609

**FILED**  
**Mar 14, 2017**  
**Secretary of State**  
**CC0668050627**

**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:**

MCCULLOH, NEAL  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title           PRESIDENT, DIRECTOR  
Name           HUTCHERSON, ANNETTE  
Address        2025 SYLVESTER ROAD #C5  
City-State-Zip: LAKELAND FL 33803

Title           VP, DIRECTOR  
Name           HOSNER, JOE  
Address        2025 SYLVESTER RD #S5  
City-State-Zip: LAKELAND FL 33803

Title           TREASURER, DIRECTOR  
Name           KELTER, DICK  
Address        2025 SYLVESTER RD  
City-State-Zip: LAKELAND FL 33803

Title           DIRECTOR  
Name           FIELD, CAROLYN  
Address        2025 SYLVESTER ROAD  
City-State-Zip: LAKELAND FL 33803

Title           SECRETARY, DIRECTOR  
Name           WILLIAMS, JULIE  
Address        2025 SYLVESTER RD, #N207  
City-State-Zip: LAKELAND FL 33803

Title           DIRECTOR  
Name           MORAND, DEBBIE  
Address        2025 SYLVESTER RD.  
City-State-Zip: LAKELAND FL 33803

Title           DIRECTOR  
Name           BECK, SUE  
Address        2025 SYLVESTER ROAD  
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: ANNETTE HUTCHERSON**

**MGR**

**03/14/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date