

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N94000000609

FILED
Apr 13, 2018
Secretary of State
CC4757155112

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

PRES

04/13/2018

Electronic Signature of Signing Officer/Director Detail

Date