SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: $156 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
1995 JUL 13 AM 9:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **767599** **(4)**

1. Corporation Name
KIMBERLEY HILLS NEIGHBORHOOD ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
INC. 4381 KIMBERLEY CIRCLE TALLAHASSEE FL 32308	INC. 4381 KIMBERLEY CIRCLE TALLAHASSEE FL 32308

3. Date Incorporated or Qualified: **03/23/1983**
3a. Date of Last Report: **06/21/1994**
4. FEI Number: **59-2268927** ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21 **4241 Kimberley Circle**	2a. Mailing Address 26 **4241 Kimberley Circle**	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
City & State 23 **Tallahassee, FL 32308**	City & State 28 **Tallahassee, FL 32308**	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
Zip / Country 24 / 25	Zip / Country 29 / 30	8. *This corporation has liability for intangible tax under s. 199.032, Florida Statutes* ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

METZ, STEPHEN W
7609 SKIPPER LN
TALLAHASSEE FL 32303

31 N
32 S
33
34 O

10. Name and Address of New Registered Agent

Larry Brady
4200 Kimberley Circle
Tallahassee, FL 32308

FL 35 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: X [signature] DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV	1.1 TITLE	DV ☒ Change ☐ Addition
NAME	POOLE, EANIX	1.2 NAME	Noreen LeGare
STREET ADDRESS	4381 KIMBERLEY CIRCLE	1.3 STREET ADDRESS	4241 Kimberley Circle
CITY-ST-ZIP	TALLAHASSEE, FL 00000	1.4 CITY-ST-ZIP	Tallahassee, FL 32308
TITLE	SD	2.1 TITLE	SD ☒ Change ☐ Addition
NAME	NELSON, NANCY	2.2 NAME	Cheryl Wiseman
STREET ADDRESS	4001 KIMBERLEY CIRCLE	2.3 STREET ADDRESS	4101 Kimberley Circle
CITY-ST-ZIP	TALLAHASSEE, FL 00000	2.4 CITY-ST-ZIP	Tallahassee, FL 32308
TITLE	TD	3.1 TITLE	TD ☒ Change ☐ Addition
NAME	TOMASZEWSKI, GARY	3.2 NAME	Gwen Lazarus
STREET ADDRESS	4040 KIMBERLEY CIRCLE	3.3 STREET ADDRESS	4260 Kimberley Circle
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	Tallahassee, FL 32308
TITLE	DP	4.1 TITLE	DP ☒ Change ☐ Addition
NAME	KENDALL, ROBERT	4.2 NAME	Nancy Nelson
STREET ADDRESS	4321 KIMBERLEY CIRCLE	4.3 STREET ADDRESS	4001 Kimberley Circle
CITY-ST-ZIP	TALLAHASSEE FL	4.4 CITY-ST-ZIP	Tallahassee, FL 32308
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] NOREEN LeGARCE 6/29/95 904-656-9733
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0002497