FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #
1. Corporation Name

767599

(4)

KIMBERLEY HILLS NEIGHBORHOOD ASSOCIATION, INC.

Principal Place of Business		Mailing Address	Mailing Address		T TORIN' NEDIGO DINN IDUD I DANG IDAN	
4381 KIMBE	RLEY CIRCLE RLEY CIRCLE EE FL 32308	4241 KIMBERLEY CIRCLE 4381 KIMBERLEY CIRCLE TALLAHASSEE FL 32308				
US	EL LE VESSO	US			3. Date Incorporated or Qualified 03/23/1983	3a. Date of Last Report 07/13/1995
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-2268927	Not Applicable
Suite, Apt 22	. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	te	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 30	Country	,	This corporation has liability for I Florida Statutes	ntangible tax under s. 199.032, ☐ Yes ☐ No
.= -1	9. Name and Address of Currer	 			10. Name and Address of New R	egistered Agent
			81	Name		
• BRADY,			B2	Street Add	ress (P.O. Box Number is Not Acceptab	le)
	IMBERLEY CIRCLE		83			
TALLAH	HASSEE FL 32308					
			84	City		F1 85 Zip Code
or registe	ered agent, or both, in the State of Flori vith, and accept the obligations of, Sect	da. Such change was authorized by tion 617.0503, Florida Statutes.	y the conp	oration's boa	ration submits this statement for the pur ard of directors. I hereby accept the appo	bintment as régistered agent. I am
12.	Signature typed or printed name of registered agent OFFICERS AN	t and title if applicable. (NOTE: Re ID DIRECTORS	egistered Age	nt signature require	ed when reinstating) ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIRECTORS IN 12
TITLE	DV	DELETE	1.1 TITLE		ADDITIONS OF ANGES TO OFF	Change Addition
NAME	LEGARE, NOREEN	_	12 NAME			
STREET ADDRESS	4241 KIMBERLEY CIRCLE		1.3 STREET	ADDRESS		
CITY-ST-ZiP	TALLAHASSEE FL.		1.4 CITY-5	ST - ZIP		
TellE	SD	DELETE	2 1 TITLE	1		☐ Change ☐ Addition
NAME STREET ADDRESS	Wicomat, Oriente		2.2 NAME	ADDRESS	9606	001707449
CITY-ST-ZIP	710 THE STATE OF T		2 4 CITY-	- 1	-7027/067	D 01707449 /9601052018
THILE	TD	☐ DELETE 3.1 T			****	1.25 Change * E -Addition
NAME	LAZARUS, GWEN		3.2 NAME			
STREET ADDRESS	TEGO TIMBETTE OF TOEL		3.3 STREET	ADDRESS		
CITY-SI-7:P	TALLAHASSEE FL.	DELETE	34. CITY-	ST-ZIP		Chance Dadetica
TITLE NAME	DP NELCON MANOY	[_]UELETE	4.1 TITLE 4.2 NAME	1		☐ Change ☐ Addition
STREET ADDRESS	NELSON, NANCY 4001 KIMBERLEY CIRCLE		i	ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL.		4.4 CITY-5			
TITLE	II. Held, H. H. 19 Wiele, L. b.	DELETE	5 1 TITLE	<u></u>		Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE	T ADDRESS		
CITY-ST-ZiP			5.4 CITY-5	ST-ZIP		
TITLE		DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME			6.2 NAME			^ \
STREET ADDRESS			6.3 STREET	T ADDRESS		<i>1</i> 777
C-TY - ST - ZIP	1		■ D.4 CHY - *	ni-zir i		∠ † *

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)(k), 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:

904.656.9733 Daytime Phone #

APPROVED AND FILED

96 JAN 24 PM 2: 43

SECRETARY OF STATE TALLAHASSEE, FLORIDA