

FILE NOW: FILING FEE IS \$61.25

FILED  
May 06 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # 767599 (4)

1. Corporation Name

KIMBERLEY HILLS NEIGHBORHOOD ASSOCIATION, INC.



Principal Place of Business

Mailing Address

4241 KIMBERLEY CIRCLE  
4381 KIMBERLEY CIRCLE  
TALLAHASSEE FL 32308  
US

4241 KIMBERLEY CIRCLE  
4381 KIMBERLEY CIRCLE  
TALLAHASSEE FL 32308-9622  
US

3. Date Incorporated or Qualified  
03/23/1983

3a. Date of Last Report  
01/24/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2268927

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

BRADY, LARRY  
4200 KIMBERLEY CIRCLE  
TALLAHASSEE FL 32308

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DV ☒ DELETE

NAME LEGARE, NOREEN  
STREET ADDRESS 4241 KIMBERLEY CIRCLE  
CITY-ST-ZIP TALLAHASSEE FL

TITLE SD ☒ DELETE

NAME WIESMAN, CHERYL  
STREET ADDRESS 4101 KIMBERLEY CIRCLE  
CITY-ST-ZIP TALLAHASSEE FL

TITLE TD ☐ DELETE

NAME LAZARUS, GWEN  
STREET ADDRESS 4280 KIMBERLEY CIRCLE  
CITY-ST-ZIP TALLAHASSEE FL

TITLE DP ☒ DELETE

NAME NELSON, NANCY  
STREET ADDRESS 4001 KIMBERLEY CIRCLE  
CITY-ST-ZIP TALLAHASSEE FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE DP ☐ Change ☒ Addition

1.2 NAME MILTON FOOR  
1.3 STREET ADDRESS 4264 KIMBERLEY CIRCLE  
1.4 CITY-ST-ZIP TALLAHASSEE, FL. 32308

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE DS ☐ Change ☒ Addition

4.2 NAME SHELLY FRAZIER  
4.3 STREET ADDRESS 4400 KIMBERLEY CIRCLE  
4.4 CITY-ST-ZIP TALLAHASSEE, FL 32308

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing 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.

CR2E037 (9/96)