

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 20 AM 11:08

DOCUMENT # 769771 (7)

1. Corporation Name

KIMBERLEA CONDOMINIUM V ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2025 SYLVESTER RD. BLDG. W
P.O. BOX 6500
LAKELAND FL 33803

2025 SYLVESTER RD. BLDG. W
P.O. BOX 6500
LAKELAND FL 33803

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/09/1983

3a. Date of Last Report

03/14/1994

4. FBI Number

59-2928126

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐

\$68.75 Supplemental
Fee Not Required

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

NICHOLS, FORREST J
2025 SYLVESTER RD BB-7
LAKELAND FL 33803

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 and 607.1508, 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 607.0605, Florida Statutes.

SIGNATURE

Forrest J. Nichols

(NOTE: Registered Agent signature required when reinstating)

1/6/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME NICHOLS, FORREST J
STREET ADDRESS 2025 SYLVESTER RD BB-7
CITY-ST-ZIP LAKELAND FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DT
NAME VIAR, LEE
STREET ADDRESS 2025 SYLVESTER RD BB-5
CITY-ST-ZIP LAKELAND FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D
NAME MCKENZIE, VIRGINIA
STREET ADDRESS 2025 SYLVESTER RD G-1
CITY-ST-ZIP LAKELAND FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DS
NAME ARNOLD, IOLA
STREET ADDRESS 2025 SYLVESTER RD E2
CITY-ST-ZIP LAKELAND FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DVP
NAME SUTTON, PAT
STREET ADDRESS 2025 SYLVESTER RD G-4
CITY-ST-ZIP LAKELAND FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE DP
NAME MANOR, ANN
STREET ADDRESS 2025 SYLVESTER RD. I-4
CITY-ST-ZIP LAKELAND FL

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 110.07(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 in an attachment with no address.

SIGNATURE:

Forrest J. Nichols (Forrest J. Nichols)

1/6/95

813 682-3379

(Signature and typed name of signing officer or director)

(Date)

(Telephone Number)