

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified
08/09/1983

3a. Date of Last Report
02/20/1995

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

4. FEI Number

59-2928126

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

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

81 Name Virginia L. McKenzie
82 Street Address (P.O. Box Number is Not Applicable)
2025 Sylvester Rd. G-1
83
84 City Lakeland FL 85 Zip Code 33803

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 Virginia L. McKenzie Virginia L. McKenzie 2-5-96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	NICHOLS, FORREST J	
STREET ADDRESS	2025 SYLVESTER RD BB-7	
CITY-ST-ZIP	LAKELAND FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	VIAR, LEE	
STREET ADDRESS	2025 SYLVESTER RD BB-5	
CITY-ST-ZIP	LAKELAND FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCKENZIE, VIRGINIA	
STREET ADDRESS	2025 SYLVESTER RD G-1	
CITY-ST-ZIP	LAKELAND FL	
TITLE	DS	<input checked="" type="checkbox"/> DELETE
NAME	ARNOLD, IOLA	
STREET ADDRESS	2025 SYLVESTER RD E2	
CITY-ST-ZIP	LAKELAND FL	
TITLE	DVP	<input checked="" type="checkbox"/> DELETE
NAME	SUTTON, PAT	
STREET ADDRESS	2025 SYLVESTER RD G-4	
CITY-ST-ZIP	LAKELAND FL	
TITLE	DP	<input checked="" type="checkbox"/> DELETE
NAME	MANOR, ANN	
STREET ADDRESS	2025 SYLVESTER RD. I-4	
CITY-ST-ZIP	LAKELAND FL	

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Virginia McKenzie	
1.3 STREET ADDRESS	2025 Sylvester Rd. G-1	
1.4 CITY-ST-ZIP	Lakeland, FL. 33803	
2.1 TITLE	DVP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	David Thomas	
2.3 STREET ADDRESS	2025 Sylvester Rd. BB-3	
2.4 CITY-ST-ZIP	Lakeland FL. 33803	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Arnold Ross	
3.3 STREET ADDRESS	2025 Sylvester Rd. AA-2	
3.4 CITY-ST-ZIP	Lakeland FL. 33803	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Maysele Dudek	
4.3 STREET ADDRESS	2025 Sylvester Rd. BB-1	
4.4 CITY-ST-ZIP	Lakeland, FL. 33803	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Gene Wells	
5.3 STREET ADDRESS	2025 Sylvester Rd. BB-2	
5.4 CITY-ST-ZIP	Lakeland FL. 33803	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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: Virginia L. McKenzie - President 2-6-96 941-687-2757
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)