

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 20 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
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 338032025 SYLVESTER RD. BLDG. W
P.O. BOX 6500
LAKELAND FL 33803-35793. Date Incorporated or Qualified
08/09/19833a. Date of Last Report
02/28/1996

2. Principal Place of Business

2a. Mailing Address

21 2025 Sylvester Rd

26 2025 Sylvester Rd

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Bldg W

27 Bldg W

23 Lakeland Fla

28 Lakeland Fla

24 33803 25 Country

29 33803 30 Country

4. FEI Number

59-2928126

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. 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

MCKENZIE, VIRGINIA L.
2025 SYLVESTER ROAD
SUITE G-1
LAKELAND FL 33803

81 Name Bill Gammon

82 Street Address (P.O. Box Number is Not Acceptable)
2025 Sylvester Rd. E3

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

Signature: *William A. Gammon*
Signed or printed name of registered agent and time if applicable

William A. Gammon

2/7/97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	DELETED
DP	MCKENZIE, VIRGINIA	2025 SYLVESTER ROAD G-1	LAKELAND FL	<input checked="" type="checkbox"/>
DT	VIAR, LEE	2025 SYLVESTER RD BB-5	LAKELAND FL	<input checked="" type="checkbox"/>
D	MCKENZIE, VIRGINIA	2025 SYLVESTER RD G-1	LAKELAND FL	<input checked="" type="checkbox"/>
D	ROSS, ARNOLD	2025 SYLVESTER ROAD AA-2	LAKELAND FL	<input checked="" type="checkbox"/>
Director	DUDEK, MAYSELE	2025 SYLVESTER ROAD BB-1	LAKELAND FL	<input type="checkbox"/>
D	WELLS, GENE	2025 SYLVESTER ROAD B-2	LAKELAND FL	<input checked="" type="checkbox"/>

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP	Change	Addition
President	Bill Gammon	2025 Sylvester Rd E3	Lakeland, Fla. 33803	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Vice-President	Caroline Field	2025 Sylvester Rd H4	Lakeland Fla. 33803	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Secretary	Loretta Nichols	2025 Sylvester Rd. 687	Lakeland, Fla. 33803	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Treasurer	JOAO G. ARNOLD	2025 Sylvester Rd 684	Lakeland, Fla. 33803	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Director	Leslie Shoup	2025 Sylvester Rd G1	Lakeland, Fla. 33803	<input checked="" type="checkbox"/>	<input type="checkbox"/>
500002093588				<input checked="" type="checkbox"/>	<input type="checkbox"/>
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***61.25					

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOAO G. ARNOLD

2/7/97

94/683-8663

Date

Daytime Phone #

0052623

CR2E037 (9/96)