


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 769771 (7)
1. Corporation Name
KIMBERLEA CONDOMINIUM V ASSOCIATION, INC.

Principal Place of Business Mailing Address
2025 SYLVESTER RD. BLDG. W LAKELAND FL 33803 2025 SYLVESTER RD. BLDG. W LAKELAND FL 33803



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 08/09/1983	4. FEI Number 59-2928126	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent
GAMMON, BILL A
2025 SYLVESTER ROAD
SUITE E-3
LAKELAND FL 33803

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	P <input type="checkbox"/> DELETE
NAME	GAMMON, BILL A
STREET ADDRESS	2025 SYLVESTER ROAD E-3
CITY-ST-ZIP	LAKELAND FL 33803
TITLE	VP <input type="checkbox"/> DELETE
NAME	FREIB, CAROLINE
STREET ADDRESS	2025 SYLVESTER RD H-4
CITY-ST-ZIP	LAKELAND FL 33803
TITLE	S <input type="checkbox"/> DELETE
NAME	NICHOLS, LORETTA
STREET ADDRESS	2025 SYLVESTER RD BB-7
CITY-ST-ZIP	LAKELAND FL 33803
TITLE	T <input type="checkbox"/> DELETE
NAME	ARNO, ARNOLD G
STREET ADDRESS	2025 SYLVESTER ROAD BB-4
CITY-ST-ZIP	LAKELAND FL 33803
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	SHOUP, LESTER
STREET ADDRESS	2025 SYLVESTER ROAD G-1
CITY-ST-ZIP	LAKELAND FL 33803
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	DUDEK, MAYSELE
STREET ADDRESS	2025 SYLVESTER ROAD BB-1
CITY-ST-ZIP	LAKELAND F 33803

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Director Margaret Powe
5.3 STREET ADDRESS	2025 Sylvester Rd AAS
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 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]* 1/5/98 941/683-8663

CR2E037 (10/97)