

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 02, 2005 8:00 am**  
**Secretary of State**

02-02-2005 90048 003 \*\*\*\*61.25

**DOCUMENT # 769771**

1. Entity Name

**KIMBERLEA CONDOMINIUM V ASSOCIATION, INC.**



Principal Place of Business

**2025 SYLVESTER RD. BLDG. W  
LAKELAND FL 33803**

Mailing Address

**2025 SYLVESTER RD. BLDG. W  
LAKELAND FL 33803**

**40011197**



1st MOORE

CR2E037 (10/04)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-2928126**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**JACKSON, JANET  
2025 SYLVESTER RD  
E-2  
LAKELAND FL 33803**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

*X Janet A. Jackson*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**1-25-05**

**FILE NOW: FEE IS \$61.25  
Due By: May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	S	<input checked="" type="checkbox"/> Delete
NAME	HOLLOWAY, LINDA	
STREET ADDRESS	2025 SYLVESTER RD I-3	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	P	<input type="checkbox"/> Delete
NAME	JACKSON, JANET	
STREET ADDRESS	2025 SYLVESTER RD E-2	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	DS	<input type="checkbox"/> Delete
NAME	NICHOLS, LORETTA	
STREET ADDRESS	2025 SYLVESTER RD BB-7	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	DT	<input type="checkbox"/> Delete
NAME	IOLA, ARNOLD G	
STREET ADDRESS	2025 SYLVESTER ROAD BB-4	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE	V	<input type="checkbox"/> Delete
NAME	FIELD, CAROLYN	
STREET ADDRESS	2025 SYLVESTER RD. H-4	
CITY-ST-ZIP	LAKELAND FL 33803	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Peterson, Carolee	
STREET ADDRESS	2025 Sylvester Rd I4	
CITY-ST-ZIP	Lakeland, FL 33803	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Lester Shoup	
STREET ADDRESS	2025 Sylvester Rd G1	
CITY-ST-ZIP	Lakeland, FL 33803	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Iola G. Arnold*, Iola G. ARNOLD, Treasurer

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

**1/25/05**

Daytime Phone #

**863/683-8663**