2006, NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT (AR)**

Feb 09, 2006 8:00 am Secretary of State **DOCUMENT # 769771** 1. Entity Name 02-09-2006 90045 023 ****61.25 KIMBERLEA CONDOMINIUM V ASSOCIATION, INC. Mailing Address Principal Place of Business 2025 SYLVESTER RD. BLDG. W 2025 SYLVESTER RD. BLDG. W LAKELAND FL 33803 LAKELAND FL 33803 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E037 (10/05) Applied For City & State 4. FEI Number City & State 59-2928126 Not Applicable Country Zio \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JACKSON, JANET Street Address (P.O. Box Number is Not Acceptable) 2025 SYLVESTER RD LAKELAND FL 33803 City 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. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution Due By May 1, 2006 Added to Fees Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. ☐ Addition ☐ Delete TITLE TITLE PETERSON, CAROLEE NAME NAME STREET ADDRESS STREET ADDRESS 2025 SYLVEST RD 14 2023 Sylvester Rd H-3 Lakeland Fla 33803 CITY-ST-ZIP LAKELAND FL 33803 CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE JACKSON, JANET NAME NAME 2025 SYLVESTER RD E-2 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKELAND FL 33803 CITY-ST-ZIP hovers me Crams 2025 Sylvester Pal I-5 Lakeland Fla. 33803 ----- Change ---- Addition Delete DS TITLE TITLE NICHOLS, LORETTA NAME NAME STREET ADDRESS 2025 SYLVESTER RD BB-7 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33803 ☐ Change Addition DT ☐ Delete TITLE TITLE IOLA, ARNOLD G NAME NAME STREET ADDRESS STREET ADDRESS 2025 SYLVESTER ROAD BB-4 CITY-ST-7IP CITY-ST-ZIP LAKELAND FL 33803 ☐ Change ☐ Addition ☐ Delete TITLE TITLE FIELD, CAROLYN NAME NAME 2025 SYLVESTER RD. H-4 STREET ADDRESS STREET ADDRESS LAKELAND FL 33803 CITY-ST-ZIP CITY-ST-ZIP D ☐ Change Addition X Delete TITLE SHOUP, LESTER NAME NAME STREET ADDRESS 2025 SYLVEST RD G1 STREET ADDRESS LAKELAND FL 33803 CITY-ST-ZIP City-St-7IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. 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.

Masurer

SIGNATURE:

FILED