

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90057 013 ****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		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2928126	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
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 Frances McCranie Street Address (P.O. Box Number is Not Acceptable) 2025 Sylvester Rd-15 City Lakeland FL Zip Code 33803	
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 <u><i>Frances McCranie</i></u> DATE <u>2/5/07</u> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PETERSON, CAROLEE 2025 SYLVEST RD 14 LAKELAND FL 33803	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Director David Douglas 2025 Sylvester Rd G1 Lakeland, FL 33803	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec P JACKSON, JANET 2025 SYLVESTER RD E-2 LAKELAND FL 33803	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Linda Wheeler (Director) 2025 Sylvester Rd BB3 Lakeland, FL 33803	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS BROWN, MARGIE 2025 SYLVETSER RD. H-3 LAKELAND FL 33803	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT IOLA, ARNOLD G 2025 SYLVESTER ROAD BB-4 LAKELAND FL 33803	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FIELD, CAROLYN 2025 SYLVESTER RD. H-4 LAKELAND FL 33803	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. MCCRANIE, FRANCES 2025 SYLVESTER RD. I-5 LAKELAND FL 33803	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Frances McCranie 2025 Sylvester Rd I-5 Lakeland, FL 33803	☒ Change ☐ Addition
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.					
SIGNATURE: <u><i>Iola G. Arnold</i></u> IOLA G. ARNOLD			Date <u>1/30/07</u> Daytime Phone # <u>863/683-8663</u>		