

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011076

FILED
Mar 29, 2007
Secretary of State

Entity Name: KIMBERLY OAKS OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

240 NW HARWELL COURT
LAKE CITY, FL 32055

New Principal Place of Business:

Current Mailing Address:

240 NW HARWELL COURT
LAKE CITY, FL 32055

New Mailing Address:

FEI Number: 84-1628681

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MCQUILLAN, ARTHUR J III
240 NW HARWELL COURT
LAKE CITY, FL 32055 US

Name and Address of New Registered Agent:

MCQUILLAN, BEBE D
240 NW HARWELL COURT
LAKE CITY, FL 32055 US

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.

SIGNATURE: BEBE D. MCQUILLAN

03/29/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: MCQUILLAN, ARTHUR J III
Address: 240 NW HARWELL COURT
City-St-Zip: LAKE CITY, FL 32055

Title: V () Delete
Name: ISAACSON, JEFFREY
Address: PO BOX 409
City-St-Zip: LACROSSE, FL 32658

Title: ST () Delete
Name: MCQUILLAN, BEBE D
Address: 240 NW HARWELL COURT
City-St-Zip: LAKE CITY, FL 32055

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: MCQUILLAN, BEBE D
Address: 240 NW HARWELL COURT
City-St-Zip: LAKE CITY, FL 32055

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: ST (X) Change () Addition
Name: MCQUILLAN, ARTHUR J III
Address: 240 NW HARWELL COURT
City-St-Zip: LAKE CITY, FL 32055

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BEBE D. MCQUILLAN

P

03/29/2007

Electronic Signature of Signing Officer or Director

Date