

2007 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED**
Aug 22, 2007
Secretary of State

DOCUMENT# N05000005899

Entity Name: LAKE KIMBERLY VILLAGE CONDOMINIUM ASSOCIATION, INC.**Current Principal Place of Business:**STERLING MGMT
SUITE 100
SAINT PETERSBURG, FL 33716**New Principal Place of Business:****Current Mailing Address:**2870 SCHERER DR. N
SUITE 100
SAINT PETERSBURG, FL 33716**New Mailing Address:**5901 US HWY 19
SUITE 7Q
NEW PORT RICHEY, FL 34652**FEI Number:** 59-3662344**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**COTTERILL, RONALD E
1010 N. FLORIDA AVE
STE 100
TAMPA, FL 33602 US**Name and Address of New Registered Agent:**QUALIFIED PROPERTY MGMT
5901 US HWY 19
SUITE 7Q
NEW PORT RICHEY, FL 34652 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: MARY A WHITE

08/22/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: KELLER, LISA
Address: 9019 COCHISE LANE #201
City-St-Zip: PORT RICHEY, FL 34668

Title: TD () Delete
Name: BURNS, CHAD
Address: 6740 MOONGLOW DR. #201
City-St-Zip: PORT RICHEY, FL 34668

Title: D () Delete
Name: TREJO, WILLIAM
Address: 6740 MOONGLOW DR #102
City-St-Zip: PORT RICHEY, FL 34668

Title: S () Delete
Name: AFRAM, ANGELA
Address: 9019 COCHISE LN. #102
City-St-Zip: PORT RICHEY, FL 34668

Title: V () Delete
Name: JOSEPH, WILLIAM
Address: 6750 MOONGLOW DR #101
City-St-Zip: PORT RICHEY, FL 34668

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: KELLER, LISA
Address: 5901 US HIGHWAY 19
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: TD (X) Change () Addition
Name: BURNS, CHAD
Address: 5901 US HWY 19
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: D (X) Change () Addition
Name: TREJO, WILLIAM
Address: 5901 US HIGHWAY 19
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: S (X) Change () Addition
Name: AFRAM, ANGELA
Address: 5901 US HWY 19
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: V (X) Change () Addition
Name: JOSEPH, WILLIAM
Address: 5901 US HWY 19
City-St-Zip: NEW PORT RICHEY, FL 34652

I hereby certify that the information supplied with this filing does not qualify 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: MARY A WHITE

CEO

08/22/2007

Electronic Signature of Signing Officer or Director

Date