2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 31, 2008
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:

QUALIFIED PROPERTY
SUTIE 7Q
NEW PORT RICHEY, FL 34652

Current Mailing Address:

5901 US HWY 19
SUITE 7Q
NEW PORT RICHEY, FL 34652

New Mailing Address:

QUALIFIED PROPERTY
SUTIE 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:

QUALIFIED PROPERTY MGMT
5901 US HWY 19
SUITE 7Q
NEW PORT RICHEY, FL 34652 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: KELLER, LISA
Address: 5901 US HIGHWAY 19
City-St-Zip: NEW PORT RICHE, FL 34652

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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 WHITE CEO 03/31/2008

Electronic Signature of Signing Officer or Director — Date