

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000005899

FILED
Mar 08, 2011
Secretary of State

Entity Name: LAKE KIMBERLY VILLAGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

QUALIFIED PROPERTY
SUITE 7Q
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

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

Current Mailing Address:

QUALIFIED PROPERTY
SUITE 7Q
NEW PORT RICHEY, FL 34652

New Mailing Address:

C/O QUALIFIED PROPERTY MGMT INC
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:

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

Name and Address of New Registered Agent:

QUALIFIED PROPERTY MGMT INC
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 WHITE

03/08/2011

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: STD
Name: BURNS, CHAD
Address: 6740 MOONGLOW DRIVE #201
City-St-Zip: PORT RICHEY, FL 34668

Title: VP
Name: JOSEPH, WILLIAM
Address: 6750 MOONGLOW DRIVE
City-St-Zip: PORT RICHEY, FL 34668

I hereby 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 all other like empowered.

SIGNATURE: LISA KELLER

PD

03/08/2011

Electronic Signature of Signing Officer or Director

Date