2011 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Jun 29, 2011
Secretary of State

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Entity Name: LAKE KIMBERLY VILLAGE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 90-0732784 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

QUALIFIED PROPERTY MGMT INC
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
Name: KELLER, LISA
Address: 5901 US HWY 19, STE 7Q
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: STD
Name: BURNS, CHAD
Address: 5901 US HWY 19, STE 7Q
City-St-Zip: NEW PORT RICHEY, FL 34652

Title: VP
Name: JOSEPH, WILLIAM
Address: 5901 US HWY 19, STE 7Q
City-St-Zip: NEW PORT RICHEY, FL 34652

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 PRES 06/29/2011
Electronic Signature of Signing Officer or Director — Date