
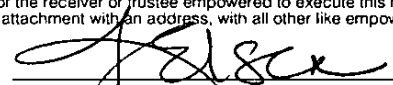


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 8:00 am
Secretary of State

05-03-2006 90212 028 ****61.25

DOCUMENT # N29255 1. Entity Name KIMBALL LODGE CONDOMINIUM ASSOCIATION, INC.					
Principal Place of Business 3111 W. GULF DRIVE SANIBEL, FL 33957 US			Mailing Address P.O. BOX 659 SANIBEL, FL 33957 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1424010	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FORD-ELSEA, PEGGE 3111 W. GULF DR. SANIBEL, FL 33957				Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS					
TITLE	D	<input checked="" type="checkbox"/> Delete			
NAME	SALERNO, CHRISTINA				
STREET ADDRESS	3111 W GULF DR				
CITY-ST-ZIP	SANIBEL, FL 33957				
TITLE	D	<input type="checkbox"/> Delete			
NAME	KRIVANEK, ROBIN MRS				
STREET ADDRESS	3111 W GULF DR				
CITY-ST-ZIP	SANIBEL, FL 33957				
TITLE	ST	<input checked="" type="checkbox"/> Delete			
NAME	RUSHWORTH, JOHN L.				
STREET ADDRESS	3111 W. GULF DR.				
CITY-ST-ZIP	SANIBEL, FL				
TITLE	AT	<input type="checkbox"/> Delete			
NAME	FORD-ELSEA, PEGGE				
STREET ADDRESS	P O BOX 659				
CITY-ST-ZIP	SANIBEL, FL 33957				
TITLE	D	<input checked="" type="checkbox"/> Delete			
NAME	TURNER, LOUISA				
STREET ADDRESS	440 E 79TH STREET				
CITY-ST-ZIP	NEW YORK, NY 10021				
TITLE	P	<input type="checkbox"/> Delete			
NAME	KUDER, JAMES DR				
STREET ADDRESS	3111 W GULF DR				
CITY-ST-ZIP	SANIBEL, FL 33957				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
NAME	JOSEPH ORNDORFF				
STREET ADDRESS	3111 W GULF DR.				
CITY-ST-ZIP	SANIBEL FL. 33957				
TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date: 4/30/06 Daytime Phone #: 239-472-1561					

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05012006 Chg-NP CR2E037 (4/06)