

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 08:00 AM
Secretary of State

DOCUMENT # N32451 1. Entity Name KIMBERLEA SIX CONDOMINIUM ASSOCIATION, INC.	
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Principal Place of Business 2025 SYLVESTER ROAD BUILDING W LAKELAND, FL 33803	Mailing Address 2025 SYLVESTER ROAD BUILDING W LAKELAND, FL 33803
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01122004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number NOT APPLICABLE	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 DANIELS, DOTTY
 2025 SYLVESTER ROAD
 MM3
 LAKELAND, FL 33803

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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25
Due by May 1, 2004

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD SCHEIDIG, TRUDY 2025 SYLVESTER RD RR2 LAKELAND, FL 33803
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD REYNOLDS, GWEN 2025 SYLVESTER RD., #QQ3 LAKELAND, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD DANIELS, DOTTY 2025 SYLVESTER RD MM3 LAKELAND, FL 33803
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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 01/23/04-80012-016 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Gwen Reynolds 1-19-04 (863) 499-2910
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Paytime Plan #