

**2006 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 13, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # N32451

1. Entity Name  
KIMBERLEA SIX CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business  
2025 SYLVESTER ROAD  
BUILDING W  
LAKELAND, FL 33803

Mailing Address  
2025 SYLVESTER ROAD  
BUILDING W  
LAKELAND, FL 33803



01062006 No Chg-NP

CR2E037 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FE# Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

DANIELS, DOTTY  
2025 SYLVESTER ROAD  
MM3  
LAKELAND, FL 33803

**DO NOT WRITE  
IN THIS SPACE**

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

*Dotty Daniels*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE SD  
NAME SCHEIDIG, TRUDY  
STREET ADDRESS 2025 SYLVESTER RD RR2  
CITY-ST-ZIP LAKELAND, FL 33803

TITLE TD  
NAME REYNOLDS, GWEN  
STREET ADDRESS 2025 SYLVESTER RD., #QQ3  
CITY-ST-ZIP LAKELAND, FL

TITLE PD  
NAME DANIELS, DOTTY  
STREET ADDRESS 2025 SYLVESTER RD MM3  
CITY-ST-ZIP LAKELAND, FL 33803

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000432084  
02/23/06-80055-012 61.25

**DO NOT WRITE  
IN THIS SPACE**

2. 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

*Gwen Reynolds*

Date

Daytime Phone #

2-4-06 (863) 608-0567