

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 08, 2007 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**



01182007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI 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 _____

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, 2007**

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/16/07-80029-009 61.25

**DO NOT WRITE
IN THIS SPACE**

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 *Gwen Reynolds* *Gwen Reynolds* *1-20-07* *843-682-6750*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #