## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32451

FILED Jaņ 0<u>9, 2</u>009 Secretary of State

Entity Name: KIMBERLEA SIX CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business: New Principal Place of Business:** 2025 SYLVESTER ROAD **BUILDING W** LAKELAND, FL 33803 **New Mailing Address: Current Mailing Address:** 2025 SYLVESTER ROAD **BUILDING W** LAKELAND, FL 33803 FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DANIELS, DOTTY REYNOLDS, GWEN C MS. 2025 SYLVESTER ROAD 2025 SYLVESTER ROAD ММЗ QQ3 LAKELAND, FL 33803 US LAKELAND, FL 33803 US 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: GWEN REYNOLDS 01/09/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete METELIKOW, LEAH Name: Name: 2025 SYLVESTER RD JJ1 Address: Address: City-St-Zip: LAKELAND, FL 33803 City-St-Zip: Title: () Delete Title: () Change () Addition Name: REYNOLDS, GWEN Name: Address: 2025 SYLVESTER RD., #QQ3 Address: City-St-Zip: LAKELAND, FL City-St-Zip: Title: () Delete Title: () Change () Addition GLEASON, JENNIE Name: Name: 2025 SYLVESTER RD MM2 Address: Address: City-St-Zip: LAKELAND, FL 33803 City-St-Zip: Title: VΡ () Delete Title: () Change () Addition Name: RISAYY, DEBBIE Name: Address: 2025 SYLVESTER RD MM1 Address: City-St-Zip: LAKELAND, FL 33803 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GWEN REYNOLDS TD 01/09/2009