

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 08, 2004 8:00 am
Secretary of State

03-08-2004 90051 040 ****70.00

DOCUMENT # N96000000518

1. Entity Name
KIMBERLY ESTATES HOMEOWNERS' ASSOCIATION, INC.



Principal Place of Business
**6785 OPAL AVE
PORT ST JOHN, FL 32927**

Mailing Address
**6785 OPAL AVE
PORT ST JOHN, FL 32927**

24017561



2. Principal Place of Business
6743 Opal Avenue
Suite, Apt. #, etc.

3. Mailing Address
6743 Opal Avenue
Suite, Apt. #, etc.

02062004 Chg-NP CR2E037 (10/03)

City & State
Port St. John, FL

City & State
Port St. John, FL

4. FEI Number
59-3564883

Applied For
Not Applicable

Zip
32927

Country
USA

Zip
32927

Country
USA

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

6. Name and Address of Current Registered Agent

**HANGER, MARVIN D
6796 OPAL AVE
PORT ST JOHN, FL 32927**

7. Name and Address of New Registered Agent

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 n/a

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, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE **DP** ☐ Delete
NAME **HANGER, MARVIN D**
STREET ADDRESS **6796 OPAL AVE**
CITY-ST-ZIP **PORT ST JOHN, FL 32927**

TITLE **VPD** ☒ Delete
NAME **BOWERS, JAMES A**
STREET ADDRESS **6742 OPAL AVE**
CITY-ST-ZIP **PORT ST JOHN, FL 32927**

TITLE **TSD** ☒ Delete
NAME **NAGY, LINDA J**
STREET ADDRESS **6785 OPAL AVE**
CITY-ST-ZIP **PORT ST JOHN, FL 32927**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VPD** ☒ Change ☐ Addition
NAME **Russell, David**
STREET ADDRESS **6736 Opal Avenue**
CITY-ST-ZIP **Port St. John, FL 32927**

TITLE **TSD** ☒ Change ☐ Addition
NAME **Luce, Juliana v.**
STREET ADDRESS **6743 Opal Avenue**
CITY-ST-ZIP **Port St. John, FL 32927**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-4-04

321-799-6975