


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 14, 2005 08:00 AM
Secretary of State

DOCUMENT # N96000000518	
1. Entity Name KIMBERLY ESTATES HOMEOWNERS' ASSOCIATION, INC.	

Principal Place of Business 6743 OPAL AVE. PORT ST JOHN FL 32927	Mailing Address 6743 OPAL AVE. PORT ST JOHN FL 32927
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent HANGER, MARVIN D 6796 OPAL AVE PORT ST JOHN FL 32927	
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4. FEI Number 59-3564883	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	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 _____	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP HANGER, MARVIN D 6796 OPAL AVE PORT ST JOHN FL 32927 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD RUSSELL, DAVID 6736 OPAL AVE. PORT ST JOHN FL 32927 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	000000230116 <input type="checkbox"/> Change <input type="checkbox"/> Addition 02/15/05-80029-006 70.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TSD LUCE, JULIANA 6743 OPAL AVE. PORT ST. JOHN FL 32927 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 #
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