


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

**FILED**  
**Jan 19, 2006 8:00 am**  
**Secretary of State**


01-19-2006 90069 010 \*\*\*\*61.25

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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**DO NOT WRITE IN THIS SPACE**

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01042006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3564883	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

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

**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 Martin D. Hanger DATE 1-6-06

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP HANGER, MARVIN D 6796 OPAL AVE PORT ST JOHN, FL 32927
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD RUSSELL, DAVID 6736 OPAL AVE. PORT ST JOHN, FL 32927
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD LUCE, JULIANA 6743 OPAL AVE. PORT ST. JOHN, FL 32927
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Martin D. Hanger Martin D. Hanger 1-6-06 321-799-6975

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #