

2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N96000000518

FILED
Nov 19, 2007
Secretary of State

Entity Name: KIMBERLY ESTATES HOMEOWNERS' ASSOCIATION, INC.

Current Principal Place of Business:

6743 OPAL AVE.
PORT ST JOHN, FL 32927

New Principal Place of Business:

6749 OPAL AVE.
PORT ST JOHN, FL 32927

Current Mailing Address:

6743 OPAL AVE.
PORT ST JOHN, FL 32927

New Mailing Address:

6749 OPAL AVE
PORT ST. JOHN, FL 32927

FEI Number: 59-3564883 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: MARVIN D. HANGER

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: HANGER, MARVIN D
Address: 6796 OPAL AVE
City-St-Zip: PORT ST JOHN, FL 32927

Title: VPD () Delete
Name: RUSSELL, DAVID
Address: 6736 OPAL AVE.
City-St-Zip: PORT ST JOHN, FL 32927

Title: TSD () Delete
Name: LUCE, JULIANA
Address: 6743 OPAL AVE.
City-St-Zip: PORT ST. JOHN, FL 32927

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: TSD (X) Change () Addition
Name: JOHNSON, KAREN
Address: 6749 OPAL AVE.
City-St-Zip: PORT ST. JOHN, FL 32927

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: KAREN JOHNSON

TSD

11/19/2007

Electronic Signature of Signing Officer or Director

Date