## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N9600000518

FILED Jun 23, 2009 Secretary of State

Entity Name: KIMBERLY ESTATES HOMEOWNERS' ASSOCIATION, INC.

Current P	rincipal Place of Business:	New Principal Place of Busi	ness:
8749 OPA PORT ST	LAVE. JOHN, FL 32927		
Current M	lailing Address:	New Mailing Address:	
6749 OPA PORT ST	LAVE. JOHN, FL 32927		
n accordan	:: 59-3564883 FEI Number Applied For() ice with s. 607.193(2)(b), F.S., the corporation did	I not receive the prior notice.	ificate of Status Desired (X)
Name and	d Address of Current Registered Agent:	Name and Address of New F	Registered Agent:
HANGER,	MARVIN D		
	LAVE JOHN, FL 32927 US		
Γhe above	ILAVE JOHN, FL 32927 US	e purpose of changing its registered office o	or registered agent, or both,
PORT ST The above n the State	LL AVE JOHN, FL 32927 US e named entity submits this statement for the e of Florida.	e purpose of changing its registered office o	or registered agent, or both,
PORT ST The above n the State	LL AVE JOHN, FL 32927 US e named entity submits this statement for the e of Florida.		or registered agent, or both,  Date
PORT ST  The above  n the State  SIGNATUI	L AVE JOHN, FL 32927 US e named entity submits this statement for the e of Florida. RE:		Date
PORT ST The above nother State SIGNATUI  DFFICER: Value: V	LAVE JOHN, FL 32927 US e named entity submits this statement for the of Florida.  RE: Electronic Signature of Registered A	Agent ADDITIONS/CHANGES TO C	Date
PORT ST  The above  n the State  SIGNATUI	LAVE JOHN, FL 32927 US  e named entity submits this statement for the of Florida.  RE: Electronic Signature of Registered A  S AND DIRECTORS:  DP () Delete HANGER, MARVIN D 6796 OPAL AVE	Agent  ADDITIONS/CHANGES TO C  Title: ( ) Change ( ) Ch	Date  PFFICERS AND DIRECTOR

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 06/23/2009