

# 2014 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N96000000518

**FILED**  
**Feb 07, 2014**  
**Secretary of State**

**Entity Name:** KIMBERLY ESTATES HOMEOWNERS' ASSOCIATION, INC.

**Current Principal Place of Business:**

6749 OPAL AVE.  
PORT ST JOHN, FL 32927

**New Principal Place of Business:**

6760 OPAL AVE  
PORT ST JOHN, FL 32927

**Current Mailing Address:**

6749 OPAL AVE.  
PORT ST JOHN, FL 32927

**New Mailing Address:**

6760 OPAL AVE  
PORT ST JOHN, FL 32927

**FEI Number:** 59-3564883

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**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:**

CRAFT, ROY E JR  
6760 OPAL AVE  
PORT ST JOHN, FL 32927 US

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:** ROY E CRAFT

02/07/2014

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

**Title:** PRES  
**Name:** CRAFT, ROY E JR  
**Address:** 6760 OPAL AVE  
**City-St-Zip:** PORT ST JOHN, FL 32927

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

**Title:** TSD  
**Name:** VAN VUREN, TIFFANY  
**Address:** 6755 OPAL AVE.  
**City-St-Zip:** PORT ST. JOHN, FL 32927

I hereby 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 all other like empowered.

**SIGNATURE:** ROY CRAFT

PRES

02/07/2014

Electronic Signature of Signing Officer or Director

Date