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**May 13 1997 8:00am
Secretary of State**

**NONPROFIT CORPORATION
ANNUAL REPORT
1997**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 733130 (9)

1. Corporation Name

KAPOK MANOR CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**2697-B SUNSET POINT ROAD
CLEARWATER FL 34619**

Mailing Address
**2697-B SUNSET POINT ROAD
CLEARWATER FL 34619-1500**

3. Date Incorporated or Qualified
08/20/1975

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
59-1639712

Applied For
Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

22 City & State

27 City & State

6. Election Campaign Financing
Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

23 Zip

25 Country

28 Zip

30 Country

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WILLIAM J NASSER, PROPERTY MANAGER
2697-B SUNSET POINT ROAD
CLEARWATER FL 34619
XXX 33759**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME **PD DAVIS, PATRICK A.**
STREET ADDRESS **1219 MCMULLEN BOOTH RD
CLEARWATER, FL 00000**
CITY-ST-ZIP

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DELETE
NAME **D WERNER, THOMAS**
STREET ADDRESS **3804 NORTH 'B' ST
TAMPA FL**
CITY-ST-ZIP

2.1 TITLE Change Addition
2.2 NAME **TD WERNER, THOMAS**
2.3 STREET ADDRESS **3804 North B. ST
TAMPA, FL**
2.4 CITY-ST-ZIP

TITLE DELETE
NAME **TD TOKISES, CHUCK**
STREET ADDRESS **1211 MCMULLEN BOOTH RD.
CLEARWATER, FL 00000**
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE DELETE
NAME **V HUNTER, REASE**
STREET ADDRESS **1225 MCMULLEN BOOTH ROAD
CLEARWATER FL**
CITY-ST-ZIP

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE DELETE
NAME **S DEVEL, VELMA**
STREET ADDRESS **1241 MCMULLEN BOOTH RD.
CLEARWATER FL**
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME **D ARNONE, MIKE**
6.3 STREET ADDRESS **1321 MCMULLEN BOOTH ROAD
CLEARWATER, FL 34619**
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0067078

[Signature] 4-28-97 813-799-0079
813-725-1549

CR2E037 (9/96)