

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90293 008 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** 733130

1. Corporation Name

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KAPOK MANOR CONDOMINIUM ASSOC., INC.

Principal Place of Business	Mailing Address
3438 East Lake Rd., #22 Palm Harbor, FL 34685	3438 East Lake Rd., #22 Palm Harbor, FL 34685

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	6/20/75
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	59-1638712
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/>
24	25	\$8.75 Additional Fee Required
29	30	6. Election Campaign Financing <input type="checkbox"/>
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
William J. Nasser 2697B Sunset Point Rd. Clearwater, FL 33759		81 Name	James M. Nolan
		82 Street Address (P.O. Box Number is Not Acceptable)	3438 East Lake Rd., #22
		83	
		84 City	Palm Harbor
		85 Zip Code	FL 34685

11. Pursuant to the provisions of Sections 617.0503 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: James M. Nolan DATE: 4/28/99

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Patrick Davis	1.2 NAME	
STREET ADDRESS	3033 Landmark Blvd.	1.3 STREET ADDRESS	
CITY-ST-ZIP	Palm Harbor, FL 34684	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mike Arnone	2.2 NAME	
STREET ADDRESS	1321 McMullen Booth Rd.	2.3 STREET ADDRESS	
CITY-ST-ZIP	Clearwater, FL 33759	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jennifer White	3.2 NAME	
STREET ADDRESS	1235 McMullen Booth Rd.	3.3 STREET ADDRESS	
CITY-ST-ZIP	Clearwater, FL 33759	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Phyllis Davis	4.2 NAME	
STREET ADDRESS	1211 McMullen Booth Rd.	4.3 STREET ADDRESS	
CITY-ST-ZIP	Clearwater, FL 33759	4.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Harry Reynolds	5.2 NAME	
STREET ADDRESS	1319 McMullen Booth Rd.	5.3 STREET ADDRESS	
CITY-ST-ZIP	Clearwater, FL 33759	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jean Beagles	6.2 NAME	
STREET ADDRESS	1209 McMullen Booth Rd.	6.3 STREET ADDRESS	
CITY-ST-ZIP	Clearwater, FL 33759	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: Jennifer White Jennifer White DATE: 4/29/99 727 785-8887

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