

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

05-11-2000 90318 037 \*\*\*\*61.25

**DOCUMENT # 733130**

1. Entity Name

**KAPOK MANOR CONDOMINIUM ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

3438 EAST LAKE RD  
 #22  
 PALM HARBOR FL 34685  
 US

3438 EAST LAKE RD  
 #22  
 PALM HARBOR FL 34685-2413  
 US

2. Principal Place of Business

3. Mailing Address

3440 EAST LAKE RD

3440 EAST LAKE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE 106

SUITE L)c

City & State

City & State

PALM HARBOR FL

PALM HARBOR FL

Zip  
 34685

Country  
 PINELLAS

Zip  
 34685

Country  
 PINELLAS

4. FEI Number

59-1638712

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NOLAN, JAMES M  
 3438 EAST LAKE RD  
 #22  
 PALM HARBOR FL 34685

Name  
**JAMES M NOLAN**  
 Street Address (P.O. Box Number is Not Acceptable)  
 3440 EAST LAKE RD  
 SUITE 106  
 City PALM HARBOR FL Zip Code 34685

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:  
 FEE IS \$61.25**

9. Election Campaign Financing  
 -Trust Fund Contribution.

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

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, PATRICK A.	
STREET ADDRESS	3033 LANDMARK BLVD	
CITY-ST-ZIP	PALM HARBOR FL 34684	
TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	ARNONE, MIKE	
STREET ADDRESS	1321 MCMULLEN BOOTH RD	
CITY-ST-ZIP	CLEARWATER FL 33759	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	WHITE, JENNIFER	
STREET ADDRESS	1235 MCMULLEN BOOTH ROAD	
CITY-ST-ZIP	CLEARWATER FL 33759	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	DAVIS, PHYLLIS	
STREET ADDRESS	1211 MCMULLEN BOOTH RD	
CITY-ST-ZIP	CLEARWATER FL 33759	
TITLE	TD	<input type="checkbox"/> Delete
NAME	REYNOLDS, HARRY E.	
STREET ADDRESS	1319 MCMULLEN BOOTH RD	
CITY-ST-ZIP	CLEARWATER FL 33759	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BEAGLES, JEAN	
STREET ADDRESS	1209 MCMULLEN BOOTH RD	
CITY-ST-ZIP	CLEARWATER FL 33759	

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Charles Bradley	
STREET ADDRESS	1207 McMullen Booth Rd., #2	
CITY-ST-ZIP	Clearwater, FL 33759	
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joe Hazell	
STREET ADDRESS	1217 McMullen Booth Rd., #3	
CITY-ST-ZIP	Clearwater, FL 33759	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ramona Garcia	
STREET ADDRESS	1237 McMullen Booth Rd., #4	
CITY-ST-ZIP	Clearwater, FL 33759	
TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Harry E. Reynolds	
STREET ADDRESS	1319 McMullen Booth Rd., #6	
CITY-ST-ZIP	Clearwater, FL 33759	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Audrey Arnone	
STREET ADDRESS	1321 McMullen Booth Rd., #6	
CITY-ST-ZIP	Clearwater, FL 33759	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Joe Hazell* **REQUIRED 1/27/00**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

727-785-8887

CR2E037 (9/99)