

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 07, 2001 8:00 am
Secretary of State
 05-07-2001 90001 034 ****61.25

DOCUMENT # 733130

1. Entity Name

Kapok Manor Condominium Association, Inc. ✓

Principal Place of Business
 2595 Tampa Road
 Ste. H
 Palm Harbor, FL. 34684

Mailing Address
 2595 Tampa Road
 Ste. H
 Palm Harbor, FL.
 34684

A0062597

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-1638712

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Leslie S. Randolph, LCAM
 2595 Tampa Road, Ste. H
 Palm Harbor, FL.
 34684

Name

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

City

FL

Zip Code

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 Leslie S. Randolph, LCAM

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	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD Bradley, Charles
STREET ADDRESS	1207 McMullen Booth Rd. N
CITY-ST-ZIP	Clearwater, FL 33759
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DV Arnone, Audrey
STREET ADDRESS	1321 McMullen Booth Rd. N
CITY-ST-ZIP	Clearwater, FL 33759
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DT Kevin McMahon
STREET ADDRESS	1241 McMullen Booth Rd. N
CITY-ST-ZIP	Clearwater, FL 33759
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DS White, Jennifer
STREET ADDRESS	1335 McMullen Booth Rd. N
CITY-ST-ZIP	Clearwater, FL. 33759
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D Davis, Phyllis
STREET ADDRESS	1211 McMullen Booth Rd. N
CITY-ST-ZIP	Clearwater, FL. 33759
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

CR2E037 (11/00)

12. 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 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: [Signature]

4.26.01

771-7753

Ext. 13

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #