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98 JUN -8 AM 9:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N44524 (9)**  
1. Corporation Name  
**KAPPA ALPHA HOUSING ASSOCIATION OF FLORIDA, INC.**



Principal Place of Business <b>P.O. BOX 44033 JACKSONVILLE FL 32231</b>	Mailing Address <b>P.O. BOX 44033 JACKSONVILLE FL 32231</b>
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3. Date Incorporated or Qualified <b>07/31/1991</b>		
4. FEI Number <b>59-3078421</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
6. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
8. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Zip	25. Country
29. Zip	30. Country

**9. Name and Address of Current Registered Agent**

**SMITH, STEVEN R  
1000 RIVERSIDE AVE  
SUITE 800  
JACKSONVILLE FL 32204**

**10. Name and Address of New Registered Agent**

**81 Name**  
**82 Street Address (P.O. Box or Mailing Address)**  
**83 City**  
**84 City**  
**85 Zip Code**

**4403353294-2  
-06/09/98-01072-006  
\*\*\*\*\*66.75 \*\*\*\*\*66.25  
FL**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FROST, MARK M.</b>	1.2 NAME	
STREET ADDRESS	<b>4030 HERSCHEL STREET</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>STD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, STEVEN R.</b>	2.2 NAME	
STREET ADDRESS	<b>P.O. BOX 44033 N/A</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRIEDMAN, H. DANIEL</b>	3.2 NAME	
STREET ADDRESS	<b>10809 NW 31ST PLACE</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>GAINESVILLE FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>VD</b> <input type="checkbox"/> DELETE	4.1 TITLE	<b>P D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GROOMS, RUSSELL E. JR.</b>	4.2 NAME	
STREET ADDRESS	<b>155 BLANDING BLVD.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>ORANGE PARK FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TURKNETT, ROY L</b>	5.2 NAME	
STREET ADDRESS	<b>8010 DUCLAY RD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *Steven R. Smith* **STEVEN R. SMITH** 6/1/98 904350-1017

CR2E037 (10/97)

8

**CORPORATION ANNUAL REPORT 1997**  
**KAPPA ALPHA HOUSING ASSOCIATION OF FLORIDA, INC.**

12. (continued)

**OFFICERS AND DIRECTORS**

1.1 Title	D
1.2 Name	Edward E. Witt
1.3 Address	P.O. Box 1799
1.4 City, State, Zip	Jacksonville, Florida 32201
1.1 Title	D
1.2 Name	Doug Swan
1.3 Address	2350 N. Ponce de Leon Blvd.
1.4 City, State, Zip	St. Augustine, Florida 32084