

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90480 044 ****61.25

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DOCUMENT # N44524					
1. Entity Name KAPPA ALPHA HOUSING ASSOCIATION OF FLORIDA, INC.					
Principal Place of Business 8265 COLEE COVE BRANCH ROAD ST. AUGUSTINE, FL 32092			Mailing Address 8265 COLEE COVE BRANCH ROAD ST. AUGUSTINE, FL 32092		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent FRIEDMAN, DANIEL H 8265 COLEE COVE BRANCH ROAD SAINT AUGUSTINE, FL 32092			7. Name and Address of New Registered Agent		
Name			Name		
Street Address (P.O. Box Number is Not Acceptable)			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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	D	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
NAME	SMITH, STEVEN R			NAME	<i>P. Biron, Louis R</i>
STREET ADDRESS	4012 ORTEGA FOREST DR			STREET ADDRESS	<i>3823 Dunedin Ct</i>
CITY-ST-ZIP	JACKSONVILLE, FL 32210			CITY-ST-ZIP	<i>Apopka, FL 32712</i>
TITLE	STD	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	FRIEDMAN, H. DANIEL			NAME	
STREET ADDRESS	8265 COLEE COVE BRANCH ROAD			STREET ADDRESS	
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32092			CITY-ST-ZIP	
TITLE	D	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	GROOMS, RUSSELL E JR			NAME	
STREET ADDRESS	4194 SAN JUAN AVENUE			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32210			CITY-ST-ZIP	
TITLE	D	Delete <input checked="" type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	TURKNETT, ROY L			NAME	
STREET ADDRESS	6010 DUCLAY RD			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL			CITY-ST-ZIP	
TITLE	D	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	SWAN, DOUG			NAME	
STREET ADDRESS	7 CROSS CREEK PLACE			STREET ADDRESS	
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084			CITY-ST-ZIP	
TITLE	PD	Delete <input type="checkbox"/>		TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME	WHITE, JAMES R			NAME	
STREET ADDRESS	1301 RIVERPLACE BLVD SUITE 2400			STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE, FL 32207			CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <i>H. Daniel Friedman</i>				<i>H. Daniel Friedman 4-26-06 9049405869</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	