

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44524

FILED
Mar 16, 2004
Secretary of State**Entity Name:** KAPPA ALPHA HOUSING ASSOCIATION OF FLORIDA, INC.**Current Principal Place of Business:**4012 ORTEGA FOREST DR
JACKSONVILLE, FL 32210**New Principal Place of Business:**8265 COLEE COVE BRANCH ROAD
ST. AUGUSTINE, FL 32092**Current Mailing Address:**4012 ORTEGA FOREST DR
JACKSONVILLE, FL 32210**New Mailing Address:**8265 COLEE COVE BRANCH ROAD
ST. AUGUSTINE, FL 32092**FEI Number:** 59-3078421**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**FRIEDMAN, DANIEL H
8265 COLOR COVE BRANCH ROAD
SAINT AUGUSTINE, FL 32092 US**Name and Address of New Registered Agent:**FRIEDMAN, DANIEL H
8265 COLEE COVE BRANCH ROAD
SAINT AUGUSTINE, FL 32092 US

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: _____

03/16/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SMITH, STEVEN R
Address: 4012 ORTEGA FOREST DR
City-St-Zip: JACKSONVILLE, FL 32210

Title: STD () Delete
Name: FRIEDMAN, H. DANIEL
Address: 8265 COLOR COVE BRANCH ROAD
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: D () Delete
Name: GROOMS, RUSSELL E JR
Address: 4194 SAN JUAN AVENUE
City-St-Zip: JACKSONVILLE, FL 32210

Title: D () Delete
Name: TURKNETT, ROY L
Address: 6010 DUCLAY RD
City-St-Zip: JACKSONVILLE, FL

Title: D () Delete
Name: SWAN, DOUG
Address: 7 CROSS CREEK PLACE
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: PD () Delete
Name: WHITE, JAMES R
Address: 1301 RIVERPLACE BLVD SUITE 2400
City-St-Zip: JACKSONVILLE, FL 32207

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: STD (X) Change () Addition
Name: FRIEDMAN, H. DANIEL
Address: 8265 COLEE COVE BRANCH ROAD
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: H. DANIEL FRIEDMAN

STD

03/16/2004

Electronic Signature of Signing Officer or Director

Date