

**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2005 08:00 AM
Secretary of State

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

DO NOT WRITE IN THIS SPACE



03222005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-3078421

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FRIEDMAN, DANIEL H
8265 COLEE COVE BRANCH ROAD
SAINT AUGUSTINE, FL 32092

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstalling)

DATE

**Filing Fee is \$61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SMITH, STEVEN R
STREET ADDRESS	4012 ORTEGA FOREST DR
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	STD
NAME	FRIEDMAN, H. DANIEL
STREET ADDRESS	8265 COLEE COVE BRANCH ROAD
CITY-ST-ZIP	SAINT AUGUSTINE, FL 32092
TITLE	D
NAME	GROOMS, RUSSELL E JR
STREET ADDRESS	4194 SAN JUAN AVENUE
CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	D
NAME	TURKNETT, ROY L
STREET ADDRESS	6010 DUCRAY RD
CITY-ST-ZIP	JACKSONVILLE, FL
TITLE	D
NAME	SWAN, DOUG
STREET ADDRESS	7 CROSS CREEK PLACE
CITY-ST-ZIP	ST. AUGUSTINE, FL 32084
TITLE	PD
NAME	WHITE, JAMES R
STREET ADDRESS	1301 RIVERPLACE BLVD SUITE 2400
CITY-ST-ZIP	JACKSONVILLE, FL 32207

U000000279073

03/28/05-80053-011 61.25

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IN THIS SPACE**

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: *Henry Daniel Friedman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-05

Date

(904) 940-5869

Daytime Phone #