

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44524

FILED
Apr 23, 2008
Secretary of State

Entity Name: KAPPA ALPHA HOUSING ASSOCIATION OF FLORIDA, INC.

Current Principal Place of Business:

8265 COLEE COVE BRANCH ROAD
ST. AUGUSTINE, FL 32092

New Principal Place of Business:

501 RIVERSIDE AVENUE
SUITE 800
JACKSONVILLE, FL 32202

Current Mailing Address:

8265 COLEE COVE BRANCH ROAD
ST. AUGUSTINE, FL 32092

New Mailing Address:

501 RIVERSIDE AVENUE
SUITE 800
JACKSONVILLE, FL 32202

FEI Number: 59-3078421

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

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 COLEE 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: BIRON, LOUIS R
Address: 3823 DUNEDIN CT
City-St-Zip: APOKA, FL 32712

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: TD (X) Change () Addition
Name: MAGAMOLL, TRAVIS R
Address: 4436 SW 49TH AVE
City-St-Zip: OCALA, FL 34474

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

Title: D (X) Change () Addition
Name: MANGUS, PRESTON
Address: 501 RIVERSIDE AVENUE, SUITE 800
City-St-Zip: JACKSONVILLE, FL 32202

Title: D (X) Change () Addition
Name: AUSTIN, DAVID
Address: 501 RIVERSIDE AVENUE, SUITE 800
City-St-Zip: JACKSONVILLE, FL 32202

Title: D (X) Change () Addition
Name: POPPELL, MARK
Address: 501 RIVERSIDE AVENUE, SUITE 800
City-St-Zip: JACKSONVILLE, FL 32202

Title: PD (X) Change () Addition
Name: WHITE, JAMES R
Address: 501 RIVERSIDE AVENUE, SUITE 800
City-St-Zip: JACKSONVILLE, FL 32202

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: TRAVIS R MAGAMOLL

TD

04/23/2008

Electronic Signature of Signing Officer or Director

Date