

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44524

FILED
Feb 07, 2009
Secretary of State

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

Current Principal Place of Business:

501 RIVERSIDE AVENUE
SUITE 800
JACKSONVILLE, FL 32202

New Principal Place of Business:

Current Mailing Address:

501 RIVERSIDE AVENUE
SUITE 800
JACKSONVILLE, FL 32202

New Mailing Address:

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:

FRIEDMAN, DANIEL
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: DAN FRIEDMAN

02/07/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

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

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

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

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

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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:

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 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: JAMES R. WHITE

PD

02/07/2009

Electronic Signature of Signing Officer or Director

Date