2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 91410 001 ****61.25

0004130

DOCUMENT # N44524

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

Principal Place of Business	Mailing Address
4012 ORTEGA FOREST DR JACKSONVILLE FL 32210	4012 ORTEGA FOREST DR JACKSONVILLE FL 32210

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☒ CHECK HERE IF MAKING CHANGES

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

SMITH, STEVEN R
4012 ORTEGA FOREST DR
JACKSONVILLE FL 32210

7. Name and Address of New Registered Agent

Name: Friedman, H. Daniel
Street Address (P.O. Box Number is Not Acceptable): 8265 Colee Cox Branch Road
City: St. Augustine FL Zip Code: 32092

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: H. Daniel Friedman H. Daniel Friedman, Secretary/Treas. 4-25-2003
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 / NAME / STREET ADDRESS / CITY-ST-ZIP	STD SMITH, STEVEN R 4012 ORTEGA FOREST DR JACKSONVILLE FL 32210	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Smith, Steven R. 4012 Ortega Forest Dr Jacksonville, FL 32210	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D FRIEDMAN, H. DANIEL 10809 NW 31ST PLACE GAINESVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	STD Friedman, H. Daniel 8265 Colee Cove Branch Rd St. Augustine, FL 32092	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD GROOMS, RUSSELL E JR 155 BLANDING BLVD. ORANGE PARK FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Grooms, Russell E Jr 4194 San Juan Ave Jacksonville, FL 32210	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TURKNETT, ROY L 6010 DUCLAY RD JACKSONVILLE FL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SWAN, DOUG 2350 N. PONCE DE LEON BLVD ST. AUGUSTINE FL 32084	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Swan, Doug 7 Cross Creek PL St. Augustine, FL 32086	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD White, James R. 1301 Riverplace Blvd, Suite 2400 Jacksonville, FL 32207	☐ Change ☒ Addition

CR2E037 (10/02)

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: H. Daniel Friedman SIGNATURE REQUIRED 4-25-2003 (904) 940-5869