

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 733130

**Entity Name:** KAPOK MANOR CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

9887 4TH ST N STE 301  
ST. PETERSBURG, FL 33702

**Current Mailing Address:**

C/O ASSOCIA GULF COAST, INC.  
9887 4TH ST N STE 301  
ST. PETERSBURG, FL 33702 US

**FEI Number:** 59-1638712

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ASSOCIA GULF COAST, INC.  
9887 4TH ST N STE 301  
ST. PETERSBURG, FL 33702 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:** MICHAEL FLEMING

01/27/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            TAYLOR, PAULA  
Address        C/O ASSOCIA GULF COAST, INC.  
                  9887 4TH ST N STE 301  
City-State-Zip: ST. PETERSBURG FL 33702

Title            VP  
Name            WICOFF, KARIN  
Address        C/O ASSOCIA GULF COAST, INC.  
                  9887 4TH ST N STE 301  
City-State-Zip: ST. PETERSBURG FL 33702

Title            TREASURER  
Name            ANTONA, JEAN-PAUL  
Address        C/O ASSOCIA GULF COAST, INC.  
                  9887 4TH ST N STE 301  
City-State-Zip: ST. PETERSBURG FL 33702

Title            SECRETARY  
Name            COUGHLIN, JUDY  
Address        C/O ASSOCIA GULF COAST, INC.  
                  9887 4TH ST N STE 301  
City-State-Zip: ST. PETERSBURG FL 33702

Title            DIRECTOR  
Name            RECTOR, DEAN  
Address        C/O ASSOCIA GULF COAST, INC.  
                  9887 4TH ST N STE 301  
City-State-Zip: ST. PETERSBURG FL 33702

*I hereby 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 all other like empowered.*

**SIGNATURE:** PAULA TAYLOR

PRESIDENT

01/27/2017

Electronic Signature of Signing Officer/Director Detail

Date