

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44524

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

FILED
Mar 28, 2016
Secretary of State
CC1419885557

Current Principal Place of Business:

501 RIVERSIDE AVENUE
SUITE 800
JACKSONVILLE, FL 32202

Current Mailing Address:

501 RIVERSIDE AVENUE
SUITE 800
JACKSONVILLE, FL 32202

FEI Number: 59-3078421

Certificate of Status Desired: No

Name and Address of Current 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: _____

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title TD
Name FARMAND, BRANDON P
Address 501 RIVERSIDE AVENUE, SUITE 800
City-State-Zip: JACKSONVILLE FL 32202

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

Title P D
Name MANGUS, PRESTON
Address 501 RIVERSIDE AVENUE, SUITE 800
City-State-Zip: JACKSONVILLE FL 32202

Title D
Name AUSTIN, DAVID
Address 501 RIVERSIDE AVENUE, SUITE 800
City-State-Zip: JACKSONVILLE FL 32202

Title D
Name POPPELL, MARK
Address 501 RIVERSIDE AVENUE, SUITE 800
City-State-Zip: JACKSONVILLE FL 32202

Title D
Name WHITE, JAMES R
Address 501 RIVERSIDE AVENUE, SUITE 800
City-State-Zip: JACKSONVILLE FL 32202

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: JAMES WHITE

PARTNER

03/28/2016

Electronic Signature of Signing Officer/Director Detail

Date