

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N44524

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

**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 R WHITE

D

04/30/2015

Electronic Signature of Signing Officer/Director Detail

Date