2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N44524

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

FILED
Apr 07, 2021
Secretary of State
9246402023CC

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:

WHITE, JAMES ROBERT CPA 1224 SPRING BRANCH ROAD SAINT JOHNS, FL 32259 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: JAMES R WHITE 04/07/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title PRESIDENT Title SD

Name COKER, DAVID Name FRIEDMAN, H. DANIEL

Address 1605 NW 26TH WAY Address 8265 COLEE COVE BRANCH ROAD

City-State-Zip: GAINESVILLE FL 32605 City-State-Zip: SAINT AUGUSTINE FL 32092

Title VP Title D, TREASURER

Name MANGUS, PRESTON Name WHITE, JAMES R

Address 1959 MOORINGS CIR Address 501 RIVERSIDE AVENUE, SUITE 800

City-State-Zip: MIDDLEBURG FL 32068 City-State-Zip: JACKSONVILLE FL 32202

Title DIRECTOR Title DIRECTOR

NameROBERTS, JOHNNameGROOMS, RUSSELLAddress115 NE 8TH AVEAddress5104 PEBBLE ISLE DRIVECity-State-Zip:OCALA FL 34470City-State-Zip:JACKSONVILLE FL 32210

ity-State-Zip. OCALA FE 54470

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: WHITE, JAMES R

TREASURER

04/07/2021