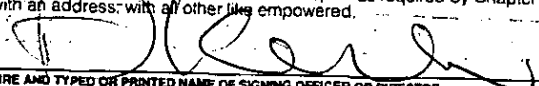


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jun 07, 2004 8:00 am
Secretary of State

04-05-2004 90048 002 ****61.25

4/5/

DOCUMENT # N00000001602			
1. Entity Name KAPOK GRAND HOMEOWNERS ASSOCIATION, INC.			
Principal Place of Business 26750 U.S. HWY. 19 NORTH, SUITE 301 CLEARWATER FL 33761		Mailing Address 13030 GULF BLVD. MADELIA BEACH FL 33708	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent HOFSTRA, PETER 8640 SEMINOLE BLVD. SEMINOLE FL 33772			
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
ZOPFF, TOM 11185 KAPOK GRAND CIR. MADEIRA BEACH FL 33708	☒ Delete		
COLUMBUS, AL 11127 KAPOK GRAND CIRCLE, #306 MADEIRA BEACH FL 33708	☐ Change ☒ Addition		
HOYLE, JOHN 11270 KAPOK GRAND CIRCLE, #1308 MADEIRA BEACH FL 33708	☒ Delete		
GEREN, MATT 11244 KAPOK GRAND CIR. MADEIRA BEACH FL 33708	☒ Delete		
RATHBURN, BILL 11238 KAPOK GRAND CIRCLE, #1101 MADEIRA BEACH FL 33708	☐ Delete		
CUSMANO, TOM 11270 KAPOK GRAND CIR. MADEIRA BEACH FL 33708	☐ Delete		
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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

00461016



MOORE CR2E037 (11/03)

4. FEI Number **59-3636823** Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

FL Zip Code

06/07/04 727-393-7725
Date Daytime Phone #