

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2007 8:00 am
Secretary of State

04-20-2007 90080 010 ****61.25

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
**3001 EXECUTIVE DR
STE 260
CLEARWATER, FL 33762 US**

40072541



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03162007 Chg-NP CR2E037 (12/06)

City & State

City & State

4. FEI Number
59-3636823

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CONDOMINIUM ASSOCIATES
3001 EXECUTIVE DR
#260
CLEARWATER, FL 33762**

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)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☐ Delete
NAME **COLUMBUS, AL**
STREET ADDRESS **11127 KAPOK GRAND CIRCLE, #306**
CITY-ST-ZIP **MADEIRA BEACH, FL 33708**

TITLE **D** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **CUNNINGHAM, ED**
STREET ADDRESS **11252 KAPOK GRAND CIR**
CITY-ST-ZIP **MADEIRA BEACH, FL 33708**

TITLE **D** ☐ Change ☐ Addition
NAME **BOB STAMP**
STREET ADDRESS **11261 KAPOK Grand Cir**
CITY-ST-ZIP **MADEIRA BEACH FL 33708**

TITLE **D** ☐ Delete
NAME **MANGO, MARGARET**
STREET ADDRESS **11168 KAPOK GRAND CIR**
CITY-ST-ZIP **MADEIRA BEACH, FL 33708**

TITLE **VP** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **ZIELINSKI** ☐ Delete
NAME **ZELINSKY, ANN**
STREET ADDRESS **11189 KAPOK GRAND CIR**
CITY-ST-ZIP **SAINT PETERSBURG, FL 33708**

TITLE **P** ☒ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☒ Delete
NAME **STRICKLAND, LEE**
STREET ADDRESS **11256 KAPOK GRAND CIR**
CITY-ST-ZIP **MADEIRA BEACH, FL 33708**

TITLE **SD** ☐ Change ☐ Addition
NAME **Richard Brock**
STREET ADDRESS **11257 KAPOK Grand Cir**
CITY-ST-ZIP **MADEIRA BEACH, FL 33708**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☒ Addition
NAME **Mila Knisell**
STREET ADDRESS **11157 KAPOK Grand Cir**
CITY-ST-ZIP **MADEIRA BEACH, FL 33708**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

Ann Zielinski
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-10-07

Date

397-6648

Telephone Phone #