

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6380

From:

Account Name : C T CORPORATION SYSTEM  
Account Number : PCA000000023  
Phone : (850) 222-1092  
Fax Number : (850) 878-5368

\*\*Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.

Email Address: \_\_\_\_\_

REGISTERED AGENT CHANGE  
KAPOK GRAND HOMEOWNERS ASSOCIATION, INC.

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$35.00

**\*RE-SUBMIT\***

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Corporate Filing Menu

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12 FEB 29 PM 3:12

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

*LAKE 2/29*



March 1, 2012

## FLORIDA DEPARTMENT OF STATE

Division of Corporations

KAPOK GRAND HOMEOWNERS ASSOCIATION, INC.

5200 CENTRAL AVE.

ST. PETERSBURG, FL 33733US

SUBJECT: KAPOK GRAND HOMEOWNERS ASSOCIATION, INC.

REF: N00000001602

**\*RE-SUBMIT\***  
Please retain original filing  
date of submission 2/29

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Please correct block #4, the incorporation date.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina Roberts  
Regulatory Specialist II

FAX Aud. #: H12000054256  
Letter Number: 812A00008273

RECEIVED  
12 MAR - 1 AM 8:00  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

P.O. BOX 6327 - Tallahassee, Florida 32314

**COVER LETTER**

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** KAPOK GRAND HOMEOWNERS ASSOCIATION, INC.  
Name of Corporation

**DOCUMENT NUMBER:** N00000001602

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.  
Please return all correspondence concerning this matter to the following:

Timothy Crawford  
Name of Contact Person

RealManage, LLC  
Firm/Company

16200 Addison Road, Suite 150  
Address

Addison, TX 75001  
City/State and Zip Code

timothy.crawford@realmanage.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Emil Tempongko at ( 214 ) 932-3681  
Name of Contact Person Area Code & Daytime Telephone Number

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**  
Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Amendment Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

CR2E045 (8/05)

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH  
FOR CORPORATIONS**

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes, this  
statement of change is submitted for a corporation organized under the laws of the State of Florida  
in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the corporation: KAPOK GRAND HOMEOWNERS ASSOCIATION, INC.
2. The principal office address: 3001 EXECUTIVE DR STE 260, CLEARWATER FL 33762
3. The mailing address (if different): 5200 CENTRAL AVE., ST. PETERSBURG FL 33733 US
4. Date of incorporation/qualification: 03/10/2000 Document number: N00000001602
5. The name and street address of the current registered agent and registered office on file with the  
Florida Department of State: (If resigned, enter resigned)


ZACUR & GRAHAM, P.A.  
5200 CENTRAL AVE.  
ST. PETERSBURG FL 33733 US

6. The name and street address of the new registered agent (if changed) and /or registered office  
(if changed):

C T Corporation System  
c/o C T Corporation System, 1200 South Pine Island Road  
Plantation, Florida 33324

The street address of its registered office and the street address of the business office of its registered agent,  
as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so  
authorized by the board, or the corporation has been notified in writing of the change.

  
Signature of an officer or director

Michael Jones, Vice President  
Printed or typed name and title

*I hereby accept the appointment as registered agent and agree to act in this capacity.  
I further agree to comply with the provisions of all statutes relative to the proper and complete performance  
of my duties, and I am familiar with and accept the obligation of my position as registered agent. Or, if this  
document is being filed merely to reflect a change in the registered office address, I hereby confirm that the  
corporation has been notified in writing of this change.*

C T Corporation System  
By   
Signature of Registered Agent

2/27/2012  
Date

If signing on behalf of an entity:

Michael Jones, Assistant Secretary  
Typed or Printed Name

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE  
MAIL TO: DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314  
CR2E045 (8/05)