


FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 10 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N01514** (1)  
1. Corporation Name  
**KAPOK TERRACE CONDOMINIUM ASSOCIATION, INC.**



Principal Place of Business <b>6385 PRESIDENTIAL CT. SUITE 101 FT. MYERS FL 33919</b>	Mailing Address <b>6385 PRESIDENTIAL CT. SUITE 101 FT. MYERS FL 33919</b>
--	--

3. Date Incorporated or Qualified <b>02/17/1984</b>
4. FEI Number <b>59-2470639</b>
Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	28 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent <b>PALM STATE MGMT. 6385 PRESIDENTIAL CT. SUITE 101 FT. MYERS FL 33919</b>
---

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE William G. Copeland **William G. Copeland, agent** DATE 2/2/98  
Signature, typed or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	NAME
PD	KRALICK, KEN
STREET ADDRESS	940 DEAN WAY
CITY-ST-ZIP	FT. MYERS FL 33919
TITLE	NAME
VD	FOX, ALLAN
STREET ADDRESS	P O BOX 6996 N/A
CITY-ST-ZIP	FT. MYERS FL
TITLE	NAME
D	GREG DULL
STREET ADDRESS	4010 DELEON ST. #C-2
CITY-ST-ZIP	FT. MYERS FL
TITLE	NAME
TITLE	NAME
TITLE	NAME
TITLE	NAME

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D
1.2 NAME	Nick Karras
1.3 STREET ADDRESS	11698 Pointe Cir. Dr.
1.4 CITY-ST-ZIP	Ft. Myers, FL 33908
2.1 TITLE	PD
2.2 NAME	Fox, Allan
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Allan Fox **Allan Fox, president** DATE 2/2/98 **641/433**

CR2E037 (10/97)