

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 18, 2005 8:00 am
Secretary of State

01-18-2005 90109 017 ****70.00

DOCUMENT # N01514

1. Entity Name
KAPOK TERRACE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**12650 WHITEHALL DR
FT MYERS, FL 33907**

Mailing Address
**12650 WHITEHALL DR
FT MYERS, FL 33907**

50003159



2. Principal Place of Business

RFB INC

Suite, Apt. #, etc.

5760 YOUNQUIST RD Unit 3

City & State

FT MYERS FL

Zip

33912

Country

LEE

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

33912

Country

FL

01112005 Chg-NP

CR2E037 (10/03)

4. FEI Number
59-2470639

Applied For
☒ Not Applicable

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

6. Name and Address of Current Registered Agent

**BENSON, MARK R
12650 WHITEHALL DR
FT MYERS, FL 33907**

7. Name and Address of New Registered Agent

Name **RFB INC - LAURA M. REDBURN**

Street Address (P.O. Box Number is Not Acceptable)

5760 YOUNQUIST RD

Unit 3

City

FT MYERS

FL

Zip Code
33912

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 **Laura M. Redburn**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

01-11-05

**Filing Fee is \$61.25
Due by May 1, 2005**

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 PD ☒ Delete
NAME STRICKLAND, JOAN
STREET ADDRESS 4010 DELEON ST B-2
CITY-ST-ZIP FT. MYERS, FL 33901

TITLE VPD ☒ Delete
NAME ROTHELL, BAXTER
STREET ADDRESS 4010 DELEON ST #A-7
CITY-ST-ZIP FT. MYERS, FL 33901

TITLE STD ☒ Delete
NAME BRAMAN, LEANNE
STREET ADDRESS 4010 DELEON ST. # B-3
CITY-ST-ZIP FORT MYERS, FL 33901

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PRESIDENT ☒ Change ☐ Addition
NAME Michael A. Redburn
STREET ADDRESS 5760 YOUNQUIST RD - Unit 3
CITY-ST-ZIP FT MYERS FL 33912

TITLE VICE PRESIDENT ☒ Change ☐ Addition
NAME JOE A. REDBURN
STREET ADDRESS 5760 YOUNQUIST RD Unit 3
CITY-ST-ZIP FT MYERS, FL 33912

TITLE SECRETARY ☒ Change ☐ Addition
NAME LAURA M. REDBURN
STREET ADDRESS 5760 YOUNQUIST RD Unit 3
CITY-ST-ZIP FT MYERS, FL 33912

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Laura M. Redburn**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01-11-05
Date

239-466-9841
Daytime Phone #