

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 16, 2007 8:00 am
Secretary of State

08-16-2007 90015 014 ****61.25

DOCUMENT # N01514

1. Entity Name
KAPOK TERRACE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**RFB INC
5760 YOUNGQUIST RD UNIT 3
FORT MYERS, FL 33912**

Mailing Address
**RFB INC
5760 YOUNGQUIST RD UNIT 3
FORT MYERS, FL 33912**

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08132007 Chg-NP CR2E037 (12/06)

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

7. Name and Address of New Registered Agent

**REDBURN, LAURA M
5760 YOUNGQUIST RD UNIT 3
FORT MYERS, FL 33912**

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 September 14, 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

TITLE	P	<input type="checkbox"/> Delete
NAME	REDBURN, MICHAEL A	
STREET ADDRESS	5760 YOUNGQUIST RD UNIT 3	
CITY-ST-ZIP	FORT MYERS, FL 33912	
TITLE	VP	<input type="checkbox"/> Delete
NAME	REDBURN, JOE A	
STREET ADDRESS	5760 YOUNGQUIST RD UNIT 3	
CITY-ST-ZIP	FORT MYERS, FL 33912	
TITLE	S	<input type="checkbox"/> Delete
NAME	REDBURN, LAURA M	
STREET ADDRESS	5760 YOUNGQUIST RD UNIT 3	
CITY-ST-ZIP	FORT MYERS, FL 33912	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Laura M. Redburn* **LAURA M. REDBURN-Sec** **08-13-07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

239-466-9841