

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2008 8:00 am
Secretary of State

04-25-2008 90147 005 ****61.25

DOCUMENT # N20746

1. Entity Name

THE KAPOK/ROSEWOOD ASSOCIATION, INC.



Principal Place of Business

817 ORCHID SPRINGS DR
WINTER HAVEN FL 33881

Mailing Address

817 ORCHID SPRINGS DR
WINTER HAVEN FL 33881



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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

1st MOORE

CR2E037 (10/07)

4. FEI Number

59-2921866

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

STEWART, LORI
817 ORCHID SPRINGS DR
WINTER HAVEN FL 33884

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 constituting)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2008

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: ST ☐ Delete
NAME: STEWART, LORI
STREET ADDRESS: 817 ORCHID SPRINGS DR
CITY-STATE-ZIP: WINTER HAVEN FL 33884

TITLE: ALT ☐ Delete
NAME: TENCZAR, ANDY
STREET ADDRESS: 823 ORCHID SPRINGS DR
CITY-STATE-ZIP: WINTER HAVEN FL 33884

TITLE: P ☒ Delete
NAME: DARROW, RICHARD
STREET ADDRESS: 548 GOLF VISTA DRIVE
CITY-STATE-ZIP: DAVENPORT FL 33837

TITLE: VP ☐ Delete
NAME: HILTON, REA
STREET ADDRESS: 829 ORCHID SPRINGS DRIVE
CITY-STATE-ZIP: WINTER HAVEN FL 33884

TITLE: A ☐ Delete
NAME: WRIGHT, SARA
STREET ADDRESS: 815 ORCHID SPRINGS DRIVE
CITY-STATE-ZIP: WINTER HAVEN FL 33884

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☒ Change ☐ Addition
NAME: P KENNETH STARKING
STREET ADDRESS: 831 ORCHID SPRINGS DRIVE
CITY-STATE-ZIP: WINTER HAVEN, FL. 33884

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-STATE-ZIP:

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: LORI STEWART

Lori Stewart

2/25/08

863-
325-9211