2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2009
Secretary of State

DOCUMENT# N20746

Entity Name: THE KAPOK/ROSEWOOD ASSOCIATION, INC.

Current Principal Place of Business:

817 ORCHID SPRINGS DR
WINTER HAVEN, FL 33881

New Principal Place of Business:

817 ORCHID SPRINGS DR
WINTER HAVEN, FL 33884

Current Mailing Address:

817 ORCHID SPRINGS DR
WINTER HAVEN, FL 33881

New Mailing Address:

817 ORCHID SPRINGS DR
WINTER HAVEN, FL 33884

FEI Number: 59-2921866 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STEWART, LORI
817 ORCHID SPRINGS DR
WINTER HAVEN, FL 33884 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: ST ( ) Delete
Name: STEWART, LORI
Address: 817 ORCHID SPRINGS DR
City-St-Zip: WINTER HAVEN, FL 33884

Title: ALT ( ) Delete
Name: TENCZAR, ANDY
Address: 823 ORCHID SPRINGS DR
City-St-Zip: WINTER HAVEN, FL 33884

Title: P ( ) Delete
Name: STARLING, KENNETH
Address: 831 ORCHID SPRINGS DRIVE
City-St-Zip: WINTER HAVEN, FL 33884

Title: VP ( ) Delete
Name: HILTON, REA
Address: 829 ORCHIP SPRINGS DRIVE
City-St-Zip: WINTER HAVEN, FL 33884

Title: A ( ) Delete
Name: WRIGHT, SARA
Address: 815 ORCHID SPRINGS DRIVE
City-St-Zip: WINTER HAVEN, FL 33884

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ALT (X) Change ( ) Addition
Name: WRIGHT, SARA
Address: 815 ORCHID SPRINGS DRIVE
City-St-Zip: WINTER HAVEN, FL 33884

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORI STEWART ST 03/04/2009

Electronic Signature of Signing Officer or Director — Date