

**2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Aug 23, 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 33884**New Principal Place of Business:**1447 GRAND CAYMAN CIRCLE  
WINTER HAVEN, FL 33884**Current Mailing Address:**817 ORCHID SPRINGS DR  
WINTER HAVEN, FL 33884**New Mailing Address:**1447 GRAND CAYMAN CIRCLE  
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:**HILTON, REA MS.  
1447 GRAND CAYMAN CIRCLE  
WINTER HAVEN, FL 33884 US

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: REA HILTON

08/23/2009

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 ORCHID SPRINGS DRIVE  
**City-St-Zip:** WINTER HAVEN, FL 33884**Title:** ALT (X) Delete  
**Name:** WRIGHT, SARA  
**Address:** 815 ORCHID SPRINGS DRIVE  
**City-St-Zip:** WINTER HAVEN, FL 33884**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** P (X) Change ( ) Addition  
**Name:** HILTON, REA MS.  
**Address:** 1447 GRAND CAYMAN CIRCLE  
**City-St-Zip:** WINTER HAVEN, FL 33884**Title:** VP (X) Change ( ) Addition  
**Name:** TENCZAR, ANDY MR.  
**Address:** 823 ORCHID SPRINGS DR  
**City-St-Zip:** WINTER HAVEN, FL 33884**Title:** T (X) Change ( ) Addition  
**Name:** WRIGHT, SARA MS.  
**Address:** 815 ORCHID SPRINGS DRIVE  
**City-St-Zip:** WINTER HAVEN, FL 33884**Title:** ALT (X) Change ( ) Addition  
**Name:** QUINN, COURTNEY MR.  
**Address:** 835 ORCHID SPRINGS DRIVE  
**City-St-Zip:** WINTER HAVEN, FL 33884**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

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: REA HILTON

P

08/23/2009

Electronic Signature of Signing Officer or Director

Date