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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N44524 (9) 1. Corporation Name KAPPA ALPHA HOUSING ASSOCIATION OF FLORIDA, INC.
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Principal Place of Business P.O. BOX 44033 JACKSONVILLE FL 32231	Mailing Address P.O. BOX 44033 JACKSONVILLE FL 32231
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent SMITH, STEVEN R 1000 RIVERSIDE AVE SUITE 800 JACKSONVILLE FL 32204	
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3. Date Incorporated or Qualified 07/31/1991	
4. FEI Number 59-3078421	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box, etc.)	4000 N. W. 32nd Ave
83 City	JACKSONVILLE
84 Zip Code	FL 32204

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	D
NAME	FROST, MARK M.	1.2 NAME	
STREET ADDRESS	4030 HERSCHEL STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	1.4 CITY - ST - ZIP	
TITLE	STD	2.1 TITLE	
NAME	SMITH, STEVEN R.	2.2 NAME	
STREET ADDRESS	P.O. BOX 44033 N/A	2.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	
NAME	FRIEDMAN, H. DANIEL	3.2 NAME	
STREET ADDRESS	10809 NW 31ST PLACE	3.3 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE FL	3.4 CITY - ST - ZIP	
TITLE	VD	4.1 TITLE	P D
NAME	GROOMS, RUSSELL E. JR.	4.2 NAME	
STREET ADDRESS	155 BLANDING BLVD.	4.3 STREET ADDRESS	
CITY - ST - ZIP	ORANGE PARK FL	4.4 CITY - ST - ZIP	
TITLE	D	5.1 TITLE	
NAME	TURKNETT, ROY L	5.2 NAME	
STREET ADDRESS	8010 DUCLAY RD	5.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Steven R. Smith* STEVEN R. SMITH 6/1/98 904350-1017

CR2E037 (10/97)

8

CORPORATION ANNUAL REPORT 1997
KAPPA ALPHA HOUSING ASSOCIATION OF FLORIDA, INC.

12. (continued)

OFFICERS AND DIRECTORS

1.1 Title	D
1.2 Name	Edward E. Witt
1.3 Address	P.O. Box 1799
1.4 City, State, Zip	Jacksonville, Florida 32201
1.1 Title	D
1.2 Name	Doug Swan
1.3 Address	2350 N. Ponce de Leon Blvd.
1.4 City, State, Zip	St. Augustine, Florida 32084