2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 26, 2002 8:00 AM
Secretary of State

DOCUMENT# N44524

Entity Name: KAPPA ALPHA HOUSING ASSOCIATION OF FLORIDA, INC.

Current Principal Place of Business:

4012 ORTEGA FOREST DR
JACKSONVILLE, FL 32210

New Principal Place of Business:

Current Mailing Address:

4012 ORTEGA FOREST DR
JACKSONVILLE, FL 32210

New Mailing Address:

FEI Number: 59-3078421 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, STEVEN R
4012 ORTEGA FOREST DR
JACKSONVILLE, FL 32210 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:	STD	( ) Delete
Name:	SMITH, STEVEN R	
Address:	P.O. BOX 44033 N/A	
City-St-Zip:	JACKSONVILLE, FL	
Title:	D	( ) Delete
Name:	FRIEDMAN, H. DANIEL	
Address:	10809 NW 31ST PLACE	
City-St-Zip:	GAINESVILLE, FL	
Title:	PD	( ) Delete
Name:	GROOMS, RUSSELL E JR	
Address:	155 BLANDING BLVD.	
City-St-Zip:	ORANGE PARK, FL	
Title:	D	( ) Delete
Name:	TURKNETT, ROY L	
Address:	6010 DUCLAY RD	
City-St-Zip:	JACKSONVILLE, FL	
Title:	D	( ) Delete
Name:	SWAN, DOUG	
Address:	2350 N. PONCE DE LEON BLVD	
City-St-Zip:	ST. AUGUSTINE, FL 32084	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	STD	(X) Change ( ) Addition
Name:	SMITH, STEVEN R	
Address:	4012 ORTEGA FOREST DR	
City-St-Zip:	JACKSONVILLE, FL 32210	
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:		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: STEVEN R SMITH STD 05/26/2002

Electronic Signature of Signing Officer or Director — Date