

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2007 8:00 am**  
**Secretary of State**

04-02-2007 90084 031 \*\*\*\*61.25

<b>DOCUMENT # N44524</b> 1. Entity Name <b>KAPPA ALPHA HOUSING ASSOCIATION OF FLORIDA, INC.</b>					
Principal Place of Business <b>8265 COLEE COVE BRANCH ROAD ST. AUGUSTINE, FL 32092</b>			Mailing Address <b>8265 COLEE COVE BRANCH ROAD ST. AUGUSTINE, FL 32092</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>59-3078421</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>FRIEDMAN, DANIEL H. <i>H. Daniel</i></b> <b>8265 COLEE COVE BRANCH ROAD</b> <b>SAINT AUGUSTINE, FL 32092</b>  <i>(name correction only - no change)</i>				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reconstating) DATE</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>SMITH, STEVEN R</b> <b>4012 ORTEGA FOREST DR</b> <b>JACKSONVILLE, FL 32210</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>Gramling, Patrick</b> <b>100 North Tampa Street, Suite 2200</b> <b>Tampa, FL 33602</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD <b>FRIEDMAN, H. DANIEL</b> <b>8265 COLEE COVE BRANCH ROAD</b> <b>SAINT AUGUSTINE, FL 32092</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>Magamoll, Travis</b> <b>4436 S.W. 49th Ave.</b> <b>Deerfield, FL 33474</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>GROOMS, RUSSELL E JR</b> <b>4194 SAN JUAN AVENUE</b> <b>JACKSONVILLE, FL 32210</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>BIRON, LOUIS R</b> <b>3823 DUNEDIN CT</b> <b>APOPKA, FL 32712</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>SWAN, DOUG</b> <b>7 CROSS CREEK PLACE</b> <b>ST. AUGUSTINE, FL 32084</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>WHITE, JAMES R</b> <b>1301 RIVERPLACE BLVD SUITE 2400</b> <b>JACKSONVILLE, FL 32207</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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.					
<b>SIGNATURE: <i>H. Daniel Friedman</i> H. Daniel Friedman 3-27-07 9049405869</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					