

# **2011 NOT-FOR-PROFIT CORPORATION REINSTATEMENT**

DOCUMENT# N95000006009

**FILED**  
**Oct 03, 2011**  
**Secretary of State**

**Entity Name:** THE KAPOK VILLAGE ESTATES ASSOCIATION, INC.

**Current Principal Place of Business:**

12915 SW 34 PLACE  
DAVIE, FL 33330 US

**New Principal Place of Business:**

**Current Mailing Address:**

P O BOX 550932  
DAVIE, FL 33355 US

**New Mailing Address:**

**FEI Number:** 65-0639910

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

CAREY, JANICE M  
12915 SW 34TH PLACE  
DAVIE, FL 33330 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:** JANICE M. CAREY

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

**Title:** DIR  
**Name:** CAREY, JANICE M  
**Address:** P O BOX 550932  
**City-St-Zip:** DAVIE, FL 33355

**Title:** DIR  
**Name:** FRAZER, TOM  
**Address:** P O BOX 550932  
**City-St-Zip:** DAVIE, FL 33355

**Title:** DIR  
**Name:** SWENSEN, FRANCINE  
**Address:** P O BOX 550932  
**City-St-Zip:** DAVIE, FL 33355

I hereby 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 all other like empowered.

**SIGNATURE:** JANICE M. CAREY

DIR

10/03/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date