

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 APR -6 AM 9:32

DOCUMENT # M14698 (8)

1. Corporation Name
KOKOMO PARK HOME OWNERS, INC.

Principal Place of Business Mailing Address
5867 CHEROKEE DR. LAKE WORTH FL 33463 **5867 CHEROKEE DR. LAKE WORTH FL 33463**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 04/30/1985		3a. Date of Last Report 03/22/1994	
4. FEI Number 59-2631783		Applied For Not Applicable	
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	
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	
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent O'LEARY, MARY 5867 CHEROKEE DR. LAKE WORTH FL 33463				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
				85 FL		85 Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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 NAME STREET ADDRESS CITY - ST - ZIP	P BRUNET, PAUL 5984 WICHITA DR LAKE WORTH FL	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Maurice Bedard 5899 Shawnee Dr. Lake Worth Fl 33463
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S CORNELL, JEANNE 5968 SHAWNEE DR LAKE WORTH FL	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Vera Lees 5936 Wichita Dr Lake Worth Fl 33463
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T WEBB, JAMES 5954 SHAWNEE DRIVE LAKE WORTH FL	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition William Walsh 5960 Cherokee Dr Lake Worth Fl 33463
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V HAVLAND, MARY 5907 SHAWNEE DR LAKE WORTH FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Walter Killian 5870 Cherokee Lake Worth Fl 33463
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D BEDARD, MAURICE 5899 SHAWNEE DR LAKE WORTH FL	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition William Waterman 5817 Apache Dr Lake Worth Fl 33463
TITLE NAME STREET ADDRESS CITY - ST - ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Vera A. Lees Vera A. Lees 3/25/95 407-641-4741
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE PHONE #
Secretary