

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 PM 3:19

DOCUMENT # **N32856 (9)**

1. Corporation Name
KOKOMO KOVE OWNERS ASSOCIATION, INC.

Principal Place of Business
**1965 HIGHWAY 90 EAST
P.O. BOX 1743
DESTIN FL 32540
US**

Mailing Address
**POST OFFICE BOX 1735
P.O. BOX 1743
DESTIN FL 32450
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/16/1989** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-3017816** Applied For Not Applicable

5. Certificate of Status Desired **\$6.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business
21 **HIGHWAY 90 EAST** 26 **POST OFFICE BOX 5257**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **P.O. Box 5257** 27 **P.O. Box 5257**
City & State City & State
23 **DESTIN FL** 28 **DESTIN FL**
Zip Country Zip Country
24 **32540** 25 **US** 29 **32540** 30 **US**

9. Name and Address of Current Registered Agent
**HUGHES, KENNETH D.
15 KOKOMO ROW
DESTIN FL 32540**

10. Name and Address of New Registered Agent
81 Name **MAJOR ELLISON**
82 Street Address (P.O. Box Number is Not Acceptable) **76 SUNFISH**
83
84 City **DESTIN** FL 85 Zip Code **32541**

11. Pursuant to the provisions of Sections 607.0902 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 *Major Ellison* **MAJOR ELLISON ST** DATE **2-28-95**
(Signature typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS	
TITLE	ST
NAME	ELLISON, MAJOR
STREET ADDRESS	76 SUNFISH
CITY - ST - ZIP	DESTIN FL
TITLE	P
NAME	SCOTT, CHARLES G.
STREET ADDRESS	200 ROLLINGS LAKE RD
CITY - ST - ZIP	MONTGOMERY AL
TITLE	VP
NAME	DUMAS, BRYON
STREET ADDRESS	74 SUNFISH
CITY - ST - ZIP	DESTIN FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	P D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SCOTT, CHARLES G.
2.3 STREET ADDRESS	59 KOKOMO ROW
2.4 CITY - ST - ZIP	DESTIN FL
3.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 110.07(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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Major Ellison* **MAJOR ELLISON ST** DATE **2-28-95** TELEPHONE NUMBER **904-837-0194**
(Signature typed or printed name of signing officer or director)