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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Feb 17 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N32856

(9)

## KOKOMO KOVE OWNERS ASSOCIATION, INC.

Highway 98 EAST					1			
DESTIN FL 32940 US  2. Principal Place of Business   2s. Maining Address   3. Date incorregated or Qualified   3s. Date   1.50	Principal Place of Business Mailing Address					I IOODIILOI OOD IIAAA EIGOT IDIIRI VIRIO	ORK DEDKI OZGAL OVSTVI OVOK	FIBIL DIEN IVOI
2. Principal Place of Business   2s. Mailing Address   4. FEI Number   3s. Date proposed professional   2s. Mailing Address   5. Certificate of Status Desired   5s. 75 Addition   5s. 75 Additi	P.O. BOX 5257		DESTIN FL 32540-5257				• .	· · · · · · · · · · · · · · · · · · ·
Suito, April 4, etc.    Suito, April 4, etc.		~~	00			3. Date Incorporated or Qualified 06/16/1989	3s. Date of Last 03/29/1	Report <b>996</b>
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City & State 27 City & State 28 City & State 29 Country 20 Country 20 20 Country 30 30 Country 40 8. Election Campaign Financing Trust Fund Contribution 35,00 May Be Added to Fee Added to	21				<del> </del>	28.30 1/9 10		<del></del>
22) 24 Country Zip Country Added to Peec 22 29 30 Founds Statutes 9 Founds Fo	Suite, Apt.	#, etc.	<b>⊢</b>			5. Certificate of Status Desired	<b>4</b>	
Zip Country Zip Country	City & State	8	<del>⊢</del>					
MAJOR ELLISON 76 SUN FISH DESTIN FL 32541  11. Pursuant to the provisions of Sections 617 0502 and 617 1506, Florids Statutes, the above-harmed corporation automits this statement for the purpose of changing its registered agent. I am female with, and accept the obligations of, Section 617 0502 and 617 1508, Florids Statutes, the above-harmed corporation automits this statement for the purpose of changing its registered agent. I am female with, and accept the obligations of, Section 617 0507, Florids Statutes, the above-harmed corporation automits this statement for the purpose of changing its registered agent. I am female with, and accept the obligations of, Section 617 0507, Florids Statutes, the above-harmed corporation automits this statement for the purpose of changing its registered agent. I am female with, and accept the obligations of, Section 617 0507, Florids Statutes, the above-harmed corporation automits this statement for the purpose of changing its registered agent. I am female with, and accept the obligations of, Section 617,0507, Florids Statutes, the above-harmed corporation abourd of directors. I hereby accept the appointment as registered agent. I am female with an accept the obligations of, Section 617,0507, Florids Statutes, and accept the obligations of, Section 617,0507, Florids Statutes, and accept the obligations of, Section 617,0507, Florids Statutes, and accept the obligations of, Section 617,0507, Florids Statutes, and accept the obligation of, Section 617,0507, Florids Statutes, and accept the obligation of, Section 617,0507, Florids Statutes, and accept the obligation of, Section 617,0507, Florids Statutes, and accept the obligation of, Section 617,0507, Florids Statutes, and accept the obligation of, Section 617,0507, Florids Statutes, and accept the obligation of, Section 617,0507, Florids Statutes, and accept the obligation of, Section 617,0507, Florids Statutes, and accept the obligation of, Section 617,0507, Florids Statutes, and accept the obligation of, Section 617,0507, Flo	Zip		— <del> </del>		try			s. 199.032,
MAJOR ELLISON 76 SUN FISH DESTIN FL 32541  82 Street Address (F.O. Box Number is Not Acceptable)  83 Street Address (F.O. Box Number is Not Acceptable)  84 City FL 85 Zip Code  11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the aboverance operation automits this statement for the pursuase of changing its registered agent, or both, in the State of Florida. Such change was automiced by the corporation's board of directors. I hereby accept the appointment as registered agent, and accept the obligations of, Section 617.0503, Florida Statutes.  SIGNATURE SIGNATURE STD OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE STD DELETE 11 TITLE  STD JELET STREET ADDRESS OFF. SL. P. P. D. STREET ADDRESS OFF. SL. P. STREET ADDRESS OFF. SL.	24			30				
MAJOR ELLISON 76 SUN FISH DESTIN FL 32541  88 Sirest Address (F.O. Box Number is Not Acceptable)  88 Sirest Address (F.O. Box Number is Not Acceptable)  89 City FL 88 Zip Code  11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-hieraed corporation submits this statement for the purpose of changing its registered agent. an infansive with, not decept the obligations of, Section 617.0503, Provisions and accept the deplacement of 75.0503, Provisions agent. Lam almalar with, not decept the obligations of, Section 617.0503, Provisions of of directors. I hereby accept the appointment as registered agent an infansive with, not acceptable with or the purpose of changing its registered agent. Lam almalar with, not acceptable with a statement for the purpose of changing its registered agent and acceptable with a statement for the purpose of changing its registered agent. Lam almalar with, not acceptable with a statement for the purpose of changing its registered agent. Lam almalar with, not acceptable with a statement for the purpose of changing its registered agent. Lam almalar with, not acceptable of provided agent. Lam almalar with an acceptable of 75.0503, Provided Statutes.  SIGNATURE  12.		9. Name and Address of Curre	ent Registered Agent		14	10. Name and Address of New Re	platered Agent	
The SUN FISH DESTIN FL 32541    B				'	Name			
DESTIN FL 32541    Bas   City   FL   Bas   Zip Code				Ī	Street A	ddress (P.O. Box Number is Not Acceptab	le)	
11. Pursuant to the provisions of Sactions 617 0502 and 617 1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its 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, 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, 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, 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, or both, in the State of Florida. Statutes.  SIGNATURE  12.				١,	19			
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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 and marker with an deccept the obligations of, Section 617,0503, Florida Statutes.    SIGNATURE					City		FL 85 Zip	Code
Signature lypad on printed hampolitechape (NOTE Registered Appart signature required when required year) required when required year in the property of the printed and prin	11. Pursuant office or reagent. Fa	to the provisions of Sections 617.06 egistered agent, or both, in the Starn familiar with, and accept the obli	502 and 617.1508, Florida Statute te of Florida. Such change was a gations of, Section 617.0503, Flo	es, the about thorized orida Statu	ove-named of by the corporates.	corporation submits this statement for the poration's board of directors. I hereby accept	urpose of changing at the appointment a	its registered is registered
12.		Signature, typed or printed name of registered a	roent and title if applicable. (NOTE	: Registered	Agent signature re	equired when reinstating)	DATE	
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IGNATURE: Mayor Colliss Matile QLLIBADSTD 2-13-97 904-837-0194

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.