

FILE NOW: FILING FEE IS \$61.25

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Feb 17 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N32856 (9)

1. Corporation Name  
KOKOMO KOVE OWNERS ASSOCIATION, INC.



Principal Place of Business  
HIGHWAY 98 EAST  
P.O. BOX 5257  
DESTIN FL 32540  
US

Mailing Address  
POST OFFICE BOX 5257  
DESTIN FL 32540-5257  
US

3. Date Incorporated or Qualified 08/16/1989  
3a. Date of Last Report 03/29/1996

21	2. Principal Place of Business Suite, Apt. #, etc.	26	2a. Mailing Address Suite, Apt. #, etc.	4. FEI Number 59-3017816	Applied For Not Applicable
22	22 City & State	27	27 City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	23 Zip	28	28 Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	24 Country	29	29 Zip	30	30 Country
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes				<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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	STD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELLISON, MAJOR	1.2 NAME	
STREET ADDRESS	76 SUNFISH	1.3 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL	1.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCOTT, CHARLES G.	2.2 NAME	
STREET ADDRESS	59 KOKOMO ROW	2.3 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL	2.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUMAS, BRYON	3.2 NAME	
STREET ADDRESS	74 SUNFISH	3.3 STREET ADDRESS	
CITY-ST-ZIP	DESTIN FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	MORRIS, STEPHANIE
STREET ADDRESS		4.3 STREET ADDRESS	83 SUNFISH
CITY-ST-ZIP		4.4 CITY-ST-ZIP	DESTIN, FL 32541
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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.

SIGNATURE: Major Ellison, Secretary of State  
2-13-97 904-837-0194

CF2E037 (9/96)