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**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90186 044 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N32856**

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 32450 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/16/1989
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3017816
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

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 <b>KERRY R. NORTON</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>58 KOKOMO ROW</b> 83 84 City <b>DESTIN</b> <b>FL</b> 85 Zip Code <b>32541</b>
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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 Kerry R. Norton DATE 4-30-99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE STD	ELLISON, MAJOR 76 SUNFISH DESTIN FL	1.1 TITLE STD	KERRY R. NORTON 58 KOKOMO Row DESTIN FL 32541
TITLE VD	MORRIS, STEPHANIE 83 SUNFISH DESTIN FL	2.1 TITLE VD	DAVID BARFIELD 84 SUNFISH DESTIN FL 32541
TITLE PD	DUMAS, BRYON 74 SUNFISH DESTIN FL	3.1 TITLE PD	MARK MAE 58 SUNFISH DESTIN FL 32541
TITLE		4.1 TITLE	
TITLE		5.1 TITLE	
TITLE		6.1 TITLE	

14. I 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, with all other like empowered.

SIGNATURE: Kerry R. Norton DATE: 4-30-99 DAYTIME PHONE #: (850) 837-0814

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)