

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 02, 2000 8:00 am**  
**Secretary of State**

05-02-2000 90141 048 \*\*\*\*61.25

**DOCUMENT # N32856**

1. Entity Name

**KOKOMO KOVE OWNERS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

HIGHWAY 98 EAST  
 P.O. BOX 5257  
 DESTIN FL 32540  
 US

POST OFFICE BOX 5257  
 DESTIN FL 32540-5257  
 US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-3017816**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**NORTON, KERRY R**  
**58 KOKOMO ROW**  
**DESTIN FL 32541**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

*Kerry R Norton*

4-22-00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
STD	NORTON, KERRY R	58 KOKOMO ROW	DESTIN FL 32541	<input checked="" type="checkbox"/>
VD	BARFIELD, DAVID	84 SUNFISH	DESTIN FL 32541	<input type="checkbox"/>
PD	MAI, MARK	58 SUNFISH	DESTIN FL 32541	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
<del>CORRESPONDING</del> S/D	KUNTZ, THENA	61 SUNFISH ST	DESTIN, FL 32541	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
PD	NORTON, SCOTT	58 KOKOMO ROW	DESTIN, FL 32541	<input type="checkbox"/>	<input checked="" type="checkbox"/>
T/D	HICKS, DUANE	61 KOKOMO ROW	DESTIN, FL 32541	<input type="checkbox"/>	<input checked="" type="checkbox"/>
S/D	WOJCEK RENEE	85 SUNFISH	DESTIN, FL 32541	<input type="checkbox"/>	<input checked="" type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Scott A. Norton* DATE: 4-11-2000 PHONE: 850-837-081

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #