

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 26, 2001 8:00 am
Secretary of State

07-26-2001 90001 001 ****61.25

DOCUMENT # N32856

1. Entity 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**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address: Suite, Apt. #, etc.
 City & State
 Zip Country

4. FEI Number: **59-3017816**

Applied For: Not Applicable

5. Certificate of Status Desired: \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**NORTON, KERRY R
 58 KOKOMO ROW
 DESTIN FL 32541**

7. Name and Address of New Registered Agent
 Name: **Gary Ken Magee**
 Street Address (P.O. Box Number is Not Acceptable): **75 Sunfish St**
 City: **Destin** FL Zip Code: **32541**

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: DATE: **7-23-01**

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

FILE NOW: FEE IS \$61.25
After September 12, 2001, min. will be \$236.25

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

TITLE: SD	NAME: KUNTZ, THENA	<input type="checkbox"/> Delete
STREET ADDRESS: 61 SUNFISH STREET	CITY-ST-ZIP: DESTIN FL 32541	
TITLE: VD	NAME: BARFIELD, DAVID	<input checked="" type="checkbox"/> Delete
STREET ADDRESS: 84 SUNFISH	CITY-ST-ZIP: DESTIN FL 32541	
TITLE: PD	NAME: NORTON, SCOTT	<input type="checkbox"/> Delete
STREET ADDRESS: 58 KOKOMO ROW	CITY-ST-ZIP: DESTIN FL 32541	
TITLE: TD	NAME: HICKS, DUANE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS: 61 KOKOMO ROW	CITY-ST-ZIP: DESTIN FL 32541	
TITLE: SD	NAME: WOJCEK, RENEE	<input checked="" type="checkbox"/> Delete
STREET ADDRESS: 85 SUNFISH ST	CITY-ST-ZIP: DESTIN FL 32541	
TITLE: <input type="checkbox"/> Delete	NAME:	
STREET ADDRESS:	CITY-ST-ZIP:	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE: VD SD	NAME: Thena Kuntz	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 61 Sunfish St	CITY-ST-ZIP: Destin, FL 32541	
TITLE: VD	NAME: Thena Kuntz	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 61 Sunfish St	CITY-ST-ZIP: Destin, FL 32541	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:	
TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	NAME: Gary Magee	
STREET ADDRESS: 75 Sunfish St	CITY-ST-ZIP: Destin, FL 32541	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:	
TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME:	
STREET ADDRESS:	CITY-ST-ZIP:	

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:

7-29-01 850-650-7377

CR2E037 (5/01)