

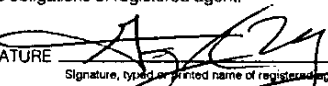



**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90073 042 \*\*\*\*61.25

|   |                   |   |                |   |   |
|---|-------------------|---|----------------|---|---|
| <b>DOCUMENT # N32856</b>  |                   |   |                |    |   |
| 1. Entity Name<br>KOKOMO KOVE OWNERS ASSOCIATION, INC.  |                   |   |                |   |   |
| Principal Place of Business<br>HIGHWAY 98 EAST<br>P.O. BOX 5257<br>DESTIN, FL 32540 US  |                   | Mailing Address<br>POST OFFICE BOX 5257<br>DESTIN, FL 32450 US                      |                | <p style="text-align: right; font-size: 24pt;"><b>50015108</b></p>  |   |
| 2. Principal Place of Business  |                   | 3. Mailing Address  |                |   |   |
| Suite, Apt. #, etc.   |                   | Suite, Apt. #, etc.   |                |   |   |
| City & State  |                   | City & State  |                | 02102005 Chg-NP CR2E037 (10/03)   |   |
| Zip   |                   | Country   |                | 4. FEI Number<br>59-3017816   |   |
| Zip   |                   | Country   |                | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required  |   |
| 6. Name and Address of Current Registered Agent   |                   |   |                | 7. Name and Address of New Registered Agent   |   |
| MAGEE, GARY KEN<br>75 SUNFISH STREET<br>DESTIN, FL 32541  |                   |   |                | Name  |   |
|   |                   |   |                | Street Address (P.O. Box Number is Not Acceptable)  |   |
|   |                   |   |                | City  |   |
|   |                   |   |                | <b>FL</b>   |   |
|   |                   |   |                | 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. I am familiar with, and accept the obligations of registered agent.   |                   |   |                |   |   |
| SIGNATURE   |                   |   |                | DATE<br>2-10-05   |   |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  |                   |   |                |   |   |
| Filing Fee is \$81.25<br>Due by May 1, 2005   |                   | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |                | \$5.00 May Be Added to Fees   |   |
| Make check payable to Florida Department of State   |                   |   |                |   |   |
| 10. OFFICERS AND DIRECTORS  |                   |   |                | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10   |   |
| TITLE   | VPA               | <input type="checkbox"/> Delete   | TITLE          | VPA   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  | NORTON, SCOTT     |   | NAME           | Grimes, Jeffrey   |   |
| STREET ADDRESS  | 58 KOTOMO ROW     |   | STREET ADDRESS | 64 Sunfish St   |   |
| CITY-ST-ZIP   | DESTIN, FL 32541  |   | CITY-ST-ZIP    | Destin, FL 32541  |   |
| TITLE   | P                 | <input type="checkbox"/> Delete   | TITLE          | P   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME  | MAGEE, GARY       |   | NAME           | Magee, Gary   |   |
| STREET ADDRESS  | 75 SUNFISH ST     |   | STREET ADDRESS | 75 Sunfish St   |   |
| CITY-ST-ZIP   | DESTIN, FL 32541  |   | CITY-ST-ZIP    | Destin, FL 32541  |   |
| TITLE   | TD                | <input type="checkbox"/> Delete   | TITLE          |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME  | MAGEE, GARY       |   | NAME           |   |   |
| STREET ADDRESS  | 75 SUNFISH STREET |   | STREET ADDRESS |   |   |
| CITY-ST-ZIP   | DESTIN, FL 32541  |   | CITY-ST-ZIP    |   |   |
| TITLE   | SD                | <input checked="" type="checkbox"/> Delete  | TITLE          | SD  | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME  | CLARK, BARBARA    |   | NAME           | <del>Scott Norton, Scott</del>  |   |
| STREET ADDRESS  | 56 KOMONO ROAD    |   | STREET ADDRESS | 58 Kokomo Row   |   |
| CITY-ST-ZIP   | DESTIN, FL 32541  |   | CITY-ST-ZIP    | Destin, FL 32541  |   |
| TITLE   |                   | <input type="checkbox"/> Delete   | TITLE          |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME  |                   |   | NAME           |   |   |
| STREET ADDRESS  |                   |   | STREET ADDRESS |   |   |
| CITY-ST-ZIP   |                   |   | CITY-ST-ZIP    |   |   |
| TITLE   |                   | <input type="checkbox"/> Delete   | TITLE          |   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                       |
| NAME  |                   |   | NAME           |   |   |
| STREET ADDRESS  |                   |   | STREET ADDRESS |   |   |
| CITY-ST-ZIP   |                   |   | 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:   |                   |   |                | DATE<br>2-10-05   |   |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                   |   |                | Daytime Phone #   |   |