## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## FILED Jun 04, 2007 8:00 am Secretary of State 04-16-2007 90064 015 \*\*\*\*61.25

2.19 Country 2.0 Country 3. Certificate of Status Desired	DOCUMENT # N32856  1. Entity Name KOKOMO KOVE OWNERS ASSOCIATION, INC.						0	4-16-2007	90064 015 ***	**61.25
Sute, Apt # std:  Cry & State  Acceptable  See Address of Country  C	HIGHWAY 98 P.O. BOX 52	EAST 57	POST OFFICE BOX 52							
City & Sates  Ci	Principal Place of Business - No P.O. Box # 3. Mailing Address								ORN BOTH STAR INTO CONT. T	
Special County   20   County   20   Special County   Sp	Suite, Apt.	e, etc.	Suite, Apt. ≢, etc.				04082007 CI	CR2E037 (12/06)	2E037 (12/06)	
SANDERS, SHARON 86 SUNFISH DESTIN, FL 32541  8. The above names entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Porista. Lamiterials with, and accept the obligations of registered agent.  8. The above names entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Porista. Lamiterials with, and accept the obligations of registered agent, and the obligations of registered agent.  8. The above names entry submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Porista. Lamiterials with, and accept the obligations of registered agent, and the obligations of registered agent, or both, in the State of Porista. Lamiterials with, and accept the obligations of registered agent, or both, in the State of Porista. Lamiterials with, and accept the obligations of registered agent, or both, in the State of Porista. Lamiterials with, and accept the obligations of registered agent, or both, in the State of Porista. Lamiterials with, and accept the obligations of registered agent, or both, in the State of Porista. Lamiterials with, and accept the obligations of registered agent, or both, in the State of Porista. Lamiterials with, and accept the obligations of registered agent, or both, in the State of Porista. Lamiterials with, and accept the obligations of registered agent, or both, in the State of Porista. Lamiterials with, and accept the porists of Porista. Lamiterials with, and accept the porists agent	City & State		City & State						Applied For Not Applicable	
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Site Address (P.O. Box Number is Not Acceptable)  The above named entity submits this statement for the purpose of changing its ingestered agent, or both, in the State of Portids. I am iteration with, and accept the obligations of ingitations of	SANDERS	S. SHARON			Name	And	dre Rui	<b>Z.</b>		
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Pontica. I am Interiase with, and accept the obligations of registered agent and accept the obligation of registered agent and accept the obligations of registered agent and accept the obligations of registered agent	86 SUNFISH				Street Ad	idress (F	P.O. Box Number is I			
B. 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	DE011174 : E 04071				78	<u>3</u> S	wifish	SF		
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Trust Fund Combusion.   Added to Fees   Florida Department of States    10.		Alth	rt and 149 d applicable. (NC	OTE: Respectors	d Agent signatu	re required	what ronstating)	5	-20-0 DATE	<u> </u>
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