

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32856

FILED  
Apr 30, 2009  
Secretary of State

Entity Name: KOKOMO KOVE OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

HIGHWAY 98 EAST  
DESTIN, FL 32541 US

**Current Mailing Address:**

POST OFFICE BOX 5257  
DESTIN, FL 32450 US

**New Mailing Address:**

POST OFFICE BOX 5257  
DESTIN, FL 32451 US

FEI Number: 59-3017816

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

NORTON, KERRY  
58 KOKOMO ROW  
DESTIN, FL 32541 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: NORTON, SCOTT  
Address: 58 KOKOMO ROW  
City-St-Zip: DESTIN, FL 32541

Title: VP ( ) Delete  
Name: HORN, MATT  
Address: 59 KOKOMO ROW  
City-St-Zip: DESTIN, FL 32541

Title: S ( ) Delete  
Name: CLARK, BARBARA  
Address: 56 KOKOMO ROW  
City-St-Zip: DESTIN, FL 32541

Title: T ( ) Delete  
Name: NORTON, KERRY  
Address: 58 KOKOMO ROW  
City-St-Zip: DESTIN, FL 32541

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KERRY R. NORTON

T

04/30/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date