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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N96000001598**

1. Corporation Name
KOKOMO KEY HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5295 TOWN CENTER RD. #200 BOCA RATON FL 33486	5295 TOWN CENTER RD. #200 BOCA RATON FL 33486

2. Principal Place of Business (21) — Suite, Apt. #, etc. (22) — City & State (23) — Zip (24) — Country (25)

2a. Mailing Address (26) — Suite, Apt. #, etc. (27) — City & State (28) — Zip (29) — Country (30)

3. Date Incorporated or Qualifed: 03/21/1996

4. FEI Number: 65-0669265 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☑ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

ISAACSON, WILLIAM K
5295 TOWN CENTER RD. #200
BOCA RATON FL 33486

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BENSON, HAL		1.2 NAME		
STREET ADDRESS	1040 KOKOMO KEY LN		1.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH FL 33483		1.4 CITY-ST-ZIP		
TITLE	VPD	☐ DELETE	2.1 TITLE	TD	☒ Change ☐ Addition
NAME	BYRNE, MARYELLEN		2.2 NAME		
STREET ADDRESS	920 KOKOMO KEY LN		2.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH FL 33483		2. 4 CITY-ST-ZIP		
TITLE	TD	☒ DELETE	3.1 TITLE	SD	☐ Change ☒ Addition
NAME	EDWARDS, GRANT		3.2 NAME	GAMACH, DAN	
STREET ADDRESS	850 KOKOMO KEY LN		3.3 STREET ADDRESS	848 KOKOMO KEY LN.	
CITY-ST-ZIP	DELRAY BCH FL 33483		3.4. CITY-ST-ZIP	DELRAY BCH FL 33483	
TITLE	SD	☐ DELETE	4.1 TITLE	VPD	☒ Change ☐ Addition
NAME	KULJIAN, BONNIE		4. 2 NAME		
STREET ADDRESS	925 KOKOMO KEY LANE		4.3 STREET ADDRESS		
CITY-ST-ZIP	DELRAY BCH FL 33483		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	WALLS, CHUCK		5.2 NAME	T. JOANNE GREEDAN	
STREET ADDRESS	843 KOKOMO KEY LANE		5.3 STREET ADDRESS	1043 KOKOMO KEY LN	
CITY-ST-ZIP	DELRAY BCH FL 33483		5.4 CITY-ST-ZIP	DELRAY BCH FL 33483	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [illegible] **REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #