2000 UNIFORM BUSINESS REPORT (UBR)

4/1

FILED
May 16, 2000 8:00 am
Secretary of State
04-18-2000 90191 016 ****70.00

DOCUMENT # N96000001598

1. Entity Name

KOKOMO KEY HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business	Mailing Address
~~5295 TOWN CENTER RD. #200~~ ~~BOCA RATON FL 33486~~ 23123 STATE RD 7 #350A BOCA RATON, FL 33428	~~5295 TOWN CENTER RD. #200~~ ~~BOCA RATON FL 33486-1060~~ 23123 STATE RD 7 #350A BOCA RATON, FL 33428

DO032185

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ISAACSON, WILLIAM K 5295 TOWN CENTER RD. #200 BOCA RATON FL 33486 GARY PALOMBI 23123 ST RD #7 SUITE # 350A BOCA RATON, FL 33428	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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.

SIGNATURE _____ 4-10-00

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

FILE NOW: FEE IS $61.25

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BENSON, HAL 1040 KOKOMO KEY LN DELRAY BCH FL 33483	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P PRESIDENT KEVIN J WRICE 1065 KOKOMO LANE DELRAY Beach, FL 33483	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD BYRNE, MARYELLEN 920 KOKOMO KEY LN DELRAY BCH FL 33483	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P VICE PRESIDENT KRISTOPHER KEES 1048 KOKOMO LANE DELRAY Beach, FL 33483	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD GAMACH, DAN 848 KOKOMO KEY LN DELRAY BCH FL 33483	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T TREASURER PATRICK AHERN 958 KOKOMO LANE DELRAY Beach, FL 33483	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD KULJIAN, BONNIE 925 KOKOMO KEY LANE DELRAY BCH FL 33483	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SECRETARY EDWARD WRIGHT 1042 KOKOMO AVE DELRAY Beach, FL 33483	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GREEDAN, T.JOANNE 1043 KOKOMO KEY LN DELRAY BCH FL 33483	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DIRECTOR VICTOR DELOVO 1049 KOKOMO LANE DELRAY Beach, FL 33483	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

MAY 15 2000

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: SIGNATURE REQUIRED 4-11-00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #