04-24-2002 90375 007 ****70.00
N96000001598
FILED
02 JUN 20 AM 10:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
30724

NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001598

1. Entity Name
Kokomo Key Homeowner's Association, Inc

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
C10 Lang Management	same as #2
Suite, Apt. #, etc. 21045 Commercial Trail	Suite, Apt. #, etc.
City & State Boca Raton, Fl.	City & State
Zip 33486 Country USA	Zip Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0069265 — Applied For ☐ Not Applicable ☐

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: William K. Isaacson
Street Address (P.O. Box Number is Not Acceptable): C10 Lang Management 21045 Commercial Trail
City: Boca Raton FL Zip Code: 33486

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 _____ 04-05-02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

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

TITLE:	
NAME: Bonnie Kulsian, Pres (7) D	
STREET ADDRESS: 925 Kokomo Key Lane	
CITY-ST-ZIP: Delray Beach 33483	
TITLE: V. Pres (V) D	
NAME: Todd Harvey	
STREET ADDRESS: 848 Kokomo Key Lane	
CITY-ST-ZIP: Delray Beach 3348 3	
TITLE: Treas (7) D	
NAME: Todd L'Herrou	
STREET ADDRESS: 839 Kokomo Key Lane	
CITY-ST-ZIP: Delray Beach 33483	
TITLE: Secretary (5) D	
NAME: Michelle Wiarda	
STREET ADDRESS: 1032 Kokomo Key Lane	
CITY-ST-ZIP: Delray Beach 33483	
TITLE: Director (D) D	
NAME: Louis Cucci	
STREET ADDRESS: 819 Kokomo Key Lane	
CITY-ST-ZIP: Delray Beach, Fl. 33483	

DO NOT WRITE IN THIS SPACE

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Bonnie Kulsian 4.6.02 5612750835
SIGNATURE AND TYPED OR PRINTED NAME OF DESIGNATED OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037B (12/01)