

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 19, 2005 08:00 AM
Secretary of State

DOCUMENT # N96000001598		
1. Entity Name KOKOMO KEY HOMEOWNERS ASSOCIATION, INC.		

Principal Place of Business C/O LANG MANAGEMENT 21045 COMMERCIAL TRAIL BOCA RATON FL 33486	Mailing Address C/O LANG MANAGEMENT 21045 COMMERCIAL TRAIL BOCA RATON FL 33486
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt #, etc.		Suite, Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E037 (10/04)

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 ISAACSON, WILLIAM K C/O LANG MANAGEMENT 21045 COMMERCIAL TRAIL BOCA RATON FL 33486		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

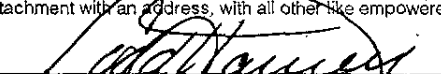
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Registered Agent signature required when reinstating)	DATE
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FILE NOW: FEE IS \$61.25 Due By May 1, 2005	9. Election Campaign Financing Trust Fund Contribution. ☐	\$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HARVEY, TODD 848 KOKORO KEY LANE DELRAY BEACH FL 33483 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition U000000315092 04/19/05-80020-022 70.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD KOLESZAR, ANDRE 929 KOROMO KEY LANE DELRAY BEACH FL 33483 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD HERROU, TODD L 830 KOKOMO KEY LANE DELRAY BEACH FL 33483 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD WISEMAN, FRED 915 KOKOMO KEY LANE DELRAY BEACH FL 33483 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ALGONAS, KELLY 846 KOKOMO KEY LANE DELRAY BEACH FL 33483 ☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:		4/1/05	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			