


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 26 1998 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # N96000001598 (9)
1. Corporation Name
KOKOMO KEY HOMEOWNERS ASSOCIATION, INC.



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|---|---|
| Principal Place of Business 5295 TOWN CENTER RD. #200 BOCA RATON FL 33486 | Mailing Address 5295 TOWN CENTER RD. #200 BOCA RATON FL 33486 |
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|--|
| 3. Date Incorporated or Qualified 03/21/1996 |
| 4. FEI Number 65-0669265 |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No |

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|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country |
|---|--|

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------------|--|
| TITLE | PD | <input checked="" type="checkbox"/> DELETE |
| NAME | SAN JOSE, TIRSO | |
| STREET ADDRESS | 1350 E NEWPORT CENTER DR #200 | |
| CITY-ST-ZIP | DEERFIELD BEACH FL 33442 | |
| TITLE | VD | <input checked="" type="checkbox"/> DELETE |
| NAME | GALLIVAN, SCOTT C | |
| STREET ADDRESS | 1350 E NEWPORT CENTER DR #200 | |
| CITY-ST-ZIP | DEERFIELD BEACH FL 33442 | |
| TITLE | STD | <input checked="" type="checkbox"/> DELETE |
| NAME | HOLM, DRUSILLA | |
| STREET ADDRESS | 1350 E NEWPORT CENTER DR #200 | |
| CITY-ST-ZIP | DEERFIELD BEACH FL 33442 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|------------------------|--|
| 1.1 TITLE | PD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | BENSON, HAN | |
| 1.3 STREET ADDRESS | 1040 KOKOMO KEY LANE | |
| 1.4 CITY-ST-ZIP | DELRAY BEACH, FL 33483 | |
| 2.1 TITLE | VPD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | BYRNE MARYELLEN | |
| 2.3 STREET ADDRESS | 920 KOKOMO KEY LANE | |
| 2.4 CITY-ST-ZIP | DELRAY BEACH, FL 33483 | |
| 3.1 TITLE | TD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | EDWARDS, GRANT | |
| 3.3 STREET ADDRESS | 850 KOKOMO KEY LANE | |
| 3.4 CITY-ST-ZIP | DELRAY BEACH, FL 33483 | |
| 4.1 TITLE | SD | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | KULJIAN, BONNIE | |
| 4.3 STREET ADDRESS | 925 KOKOMO KEY LANE | |
| 4.4 CITY-ST-ZIP | DELRAY BEACH, FL 33483 | |
| 5.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | WALLS, CHUCK | |
| 5.3 STREET ADDRESS | 843 KOKOMO KEY LANE | |
| 5.4 CITY-ST-ZIP | DELRAY BEACH, FL 33483 | |
| 6.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | | |
| 6.3 STREET ADDRESS | | |
| 6.4 CITY-ST-ZIP | | |

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.

SIGNATURE: *Manfred...*

CR2E037 (10/97)