

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2001 8:00 am
Secretary of State

04-24-2001 90325 015 *****61.25

DOCUMENT # N96000001598

1. Entity Name

KOKOMO KEY HOMEOWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

4350 NW 19th Ave

3. Mailing Address

P.O. Box 970069

Suite, Apt. #, etc.

Ste C

Suite, Apt. #, etc.

City & State

Pompano Beach

City & State

Boca Raton FL

Zip

FL 33064

Country

Broward

Zip

33487

Country

FL

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

GARY Palombi

4350 NW 19th Ave Ste C
Pompano Beach FL 33064

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.

SIGNATURE

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	JUSTICE, KEVIN	
STREET ADDRESS	1065 KOKOMO LANE	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	DV	<input checked="" type="checkbox"/> Delete
NAME	KEES, KRISTOPHER	
STREET ADDRESS	1048 KOKOMO LANE	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	AHERN, PATRICK	
STREET ADDRESS	858 KOKOMO LANE	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	WRIGHT, ELIZABETH	
STREET ADDRESS	1002 KOKOMO LANE	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	DELLOVO, TORI	
STREET ADDRESS	1049 KOKOMO LANE	
CITY-ST-ZIP	DELRAY BEACH FL 33483	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bonnie Kuljian	
STREET ADDRESS	945 Kokomo Key Lane	
CITY-ST-ZIP	Delray Beach FL 33483	
TITLE	DV	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARK Latham	
STREET ADDRESS	945 Kokomo Key Lane	
CITY-ST-ZIP	Delray Beach FL 33483	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Judith Fox	
STREET ADDRESS	919 Kokomo Key Lane	
CITY-ST-ZIP	Delray Beach FL 33483	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Michelle Luarda	
STREET ADDRESS	1032 Kokomo Key Lane	
CITY-ST-ZIP	Delray Beach FL 33483	
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Todd Harvey	
STREET ADDRESS	848 Kokomo Key Lane	
CITY-ST-ZIP	Delray Beach FL 33483	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Bonnie Kuljian 4/16/01

Date

Daytime Phone #

CR2E037 (10/00)