

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

04-24-2002 90375 007 *****70.00

N96000001598

FILED

02 JUN 20 AM 10:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

30724...

DOCUMENT # N96000001598

1. Entity Name

Kokomo Key Homeowners Association, Inc.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

CIO Lang Management
Suite, Apt. #, etc.
21045 Commercial Trail
City & State

3. Mailing Address

same as #2
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Boca Raton, FL

City & State

Zip

33486

Country

USA

Zip

Country

4. FEI Number

65-0669265

Applied For

Not Applicable

5. Certificate of Status Desired

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\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name William K. Isaacson

Street Address (P.O. Box Number is Not Acceptable)

CIO 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

Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when submitting.

DATE

04-05-02

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 STREET ADDRESS CITY-STATE-ZIP	BOONIE KULSIAN, PRES (7) D 925 KOKOMO KEY LANE DELRAY BEACH 33483
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V. PRES TODD HARTOY (7) D 848 KOKOMO KEY LANE DELRAY BEACH 33483
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TREAS TODD L. HERRON (7) D 830 KOKOMO KEY LANE DELRAY BEACH 33483
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SECRETARY MICHAEL W. WARD (5) D 1032 KOKOMO KEY LANE DELRAY BEACH 33483
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	DIRECTOR LOUIS CUBBI (2) D DELRAY BEACH 33483 319 KOKOMO KEY LANE DELRAY BEACH, FL 33483

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**DO NOT WRITE
IN THIS SPACE**

3/6/02

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 Kulsi

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR

4.6.02 5312790835

Date

Deputy Phone 1

CR200378 (12/01)