

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N32856

Entity Name: KOKOMO KOVE OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

217 MIRACLE STRIP PARKWAY S.E.
STE. 125
FORT WALTON BEACH, FL 32548

Current Mailing Address:

POST OFFICE BOX 2620
FORT WALTON BEACH, FL 32549 US

FEI Number: 59-3017816

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CARVER, DARDEN, KORETZKY, TESSIER, ET AL
801 WEST ROMANA STREET
SUITE A
PENSACOLA, FL 32502 US

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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PD
Name STANLEY, REBECCA
Address P.O. BOX 2620
City-State-Zip: FORT WALTON BEACH FL 32549

Title VPD
Name MANS, KIM
Address P.O. BOX 2620
City-State-Zip: FORT WALTON BEACH FL 32549

Title SD
Name KUNTZ, THENA
Address P.O. BOX 2620
City-State-Zip: FORT WALTON BEACH FL 32549

Title TD
Name WOO, WALTER
Address P.O. BOX 2620
City-State-Zip: FORT WALTON BEACH FL 32549

Title DIRECTOR
Name PRICE, JEFFREY
Address P.O. BOX 2620
City-State-Zip: FORT WALTON BEACH FL 32549

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: REBECCA STANLEY

PD

01/08/2016

Electronic Signature of Signing Officer/Director Detail

Date