

**2015 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. 129  
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 STEWART, JEFFERSON  
Address P.O. BOX 2620  
City-State-Zip: FORT WALTON BEACH FL 32549

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

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

Title TD  
Name RUZ, CHRISTIANE  
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: GAYLE ABERNATHY**

**SD**

**01/14/2015**

Electronic Signature of Signing Officer/Director Detail

Date