

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N32856

**FILED  
Apr 27, 2018  
Secretary of State  
CC7068077774**

**Entity Name:** KOKOMO KOVE OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

C/O SOUTHERN ASSOCIATION MANAGEMENT  
36468 EMERALD COAST PARKWAY SUITE 7102  
DESTIN, FL 32541

**Current Mailing Address:**

C/O SOUTHERN ASSOCIATION MANAGEMENT  
36468 EMERALD COAST PARKWAY SUITE 7102  
DESTIN, FL 32541 US

**FEI Number:** 59-3017816

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SOUTHERN ASSOCIATION MANAGEMENT  
C/O SOUTHERN ASSOCIATION MANAGEMENT  
36468 EMERALD COAST PARKWAY SUITE 7102  
DESTIN, FL 32541 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:** KATHLEEN CRESSE

04/27/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            HORIN, MATT  
Address        C/O SOUTHERN ASSOCIATION  
                  MANAGEMENT  
                  36468 EMERALD COAST PARKWAY  
                  SUITE 7102  
City-State-Zip: DESTIN FL 32541

Title            SECRETARY  
Name            STEWART, JANIE  
Address        C/O SOUTHERN ASSOCIATION  
                  MANAGEMENT  
                  36468 EMERALD COAST PARKWAY  
                  SUITE 7102  
City-State-Zip: DESTIN FL 32541

Title            DIRECTOR  
Name            MARTIN, DEBBIE  
Address        C/O SOUTHERN ASSOCIATION  
                  MANAGEMENT  
                  36468 EMERALD COAST PARKWAY  
                  SUITE 7102  
City-State-Zip: DESTIN FL 32541

Title            TREASURER  
Name            MALONEY, FRANCENA  
Address        C/O SOUTHERN ASSOCIATION  
                  MANAGEMENT  
                  36468 EMERALD COAST PARKWAY  
                  SUITE 7102  
City-State-Zip: DESTIN FL 32541

*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:** MATT HORIN

**PRESIDENT**

04/27/2018

Electronic Signature of Signing Officer/Director Detail

Date