

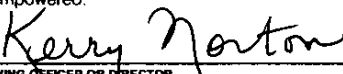


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 8:00 am
Secretary of State

04-21-2008 90090 038 ****61.25

DOCUMENT # N32856					
1. Entity Name KOKOMO KOVE OWNERS ASSOCIATION, INC.					
Principal Place of Business HIGHWAY 98 EAST P.O. BOX 5257 DESTIN, FL 32540 US			Mailing Address POST OFFICE BOX 5257 DESTIN, FL 32450 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3017816	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
RUZ, ANDRE 78 SUNFISH ST DESTIN, FL 32541			Name <u>KERRY NORTON</u> Street Address (P.O. Box Number is Not Acceptable) <u>58 KOKOMO ROW</u> City <u>Destin FL</u> <u>FL</u> Zip Code <u>32541</u>		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE <u>ANDRE RUZ</u> 			DATE <u>4-16-08</u>		
Filing Fee is \$61.25 Due by May 1, 2008			9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10'		
TITLE	VPA	<input checked="" type="checkbox"/> Delete	TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ESPY, STEVE		NAME	SCOTT NORTON	
STREET ADDRESS	325 KIMBERLY DR		STREET ADDRESS	58 KOKOMO ROW	
CITY-ST-ZIP	AUBURN, AL 36832		CITY-ST-ZIP	Destin FL 32541	
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUZ, ANDRE		NAME	MATT HORIN	
STREET ADDRESS	78 SUNFISH ST		STREET ADDRESS	59 KOKOMO ROW	
CITY-ST-ZIP	DESTIN, FL 32541		CITY-ST-ZIP	Destin FL 32541	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	SECRETARY	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZIMMERMAN, CINDY		NAME	BARBARA CLARK	
STREET ADDRESS	85 SUNFISH ST		STREET ADDRESS	56 KOKOMO ROW	
CITY-ST-ZIP	DESTIN, FL 32541		CITY-ST-ZIP	Destin FL 32541	
TITLE		<input type="checkbox"/> Delete	TITLE	TREASURER	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	KERRY NORTON	
STREET ADDRESS			STREET ADDRESS	58 KOKOMO ROW	
CITY-ST-ZIP			CITY-ST-ZIP	Destin FL 32541	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>KERRY NORTON</u> 			DATE <u>4-16-08</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <u>ANDRE RUZ</u>			DAYTIME PHONE # <u>(850) 831-0814</u>		