## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N32856

FILED Apr 30, 2009 Secretary of State

Entity Name: KOKOMO KOVE OWNERS ASSOCIATION, INC.

Current Principal Place of Business:		New Principal Plac	New Principal Place of Business:		
HIGHWAY P.O. BOX (	5257		HIGHWAY 98 EAST DESTIN, FL 32541	US	
DESTIN, F	L 32540 U	S			
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
POST OFF DESTIN, F	FICE BOX 5257 L 32450 US	_	POST OFFICE BOX DESTIN, FL 32451	5257 US	
El Number:	59-3017816	FEI Number Applied For()	FEI Number Not Applicable ( )	Certificate of Status Desired (X)	
Name and	Address of C	Surrent Registered Agent:	Name and Address	of New Registered Agent:	
NORTON, 58 KOKON DESTIN, F	10 ROW	-			
	named entity s of Florida.	submits this statement for the pu	irpose of changing its register	'ed oπice or registered agent, or botr	
n the State	of Florida.	submits this statement for the pu	urpose of changing its register	ed office or registered agent, or both	
	e of Florida.	submits this statement for the pulic ic Signature of Registered Ager		ed οπιce or registered agent, or both  Date	
n the State	e of Florida.	ic Signature of Registered Ager	nt		
n the State	e of Florida.  RE: Electron  S AND DIREC	ic Signature of Registered Ager TORS:  Delete IT OW	nt	Date	
n the State  SIGNATUF  DFFICERS  Title:  Jame:  Address:	e of Florida.  RE: Electron  S AND DIREC  P ()  NORTON, SCO 58 KOKOMO R  DESTIN, FL 32	ric Signature of Registered Ager TORS:  Delete TT OW 541  Delete	nt  ADDITIONS/CHANG  Title: Name: Address:	Date  GES TO OFFICERS AND DIRECTO	
n the State BIGNATUF  DFFICERS Title: Jame: Address: City-St-Zip: Jame: Address:	e of Florida.  RE: Electron  S AND DIREC  P () NORTON, SCO 58 KOKOMO R DESTIN, FL 32  VP () HORN, MATT 59 KOKOMO R DESTIN, FL 32	ic Signature of Registered Ager  TORS:  Delete IT OW 541  Delete OW 541  Delete RA OW	ADDITIONS/CHANG  Title: Name: Address: City-St-Zip:  Title: Name: Address:	Date  GES TO OFFICERS AND DIRECTO  ( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: KERRY R. NORTON T 04/30/2009