

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 31 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N96000001547 (6)

1. Corporation Name

KOKOMO PARK HOME OWNERS, INC.



Principal Place of Business

Mailing Address

5945 CHEROKEE DRIVE  
LAKE WORTH FL 334635945 CHEROKEE DRIVE  
LAKE WORTH FL 33463-69553. Date Incorporated or Qualified  
03/19/19963a. Date of Last Report  
3-19-1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCDONNELL, RICHARD G  
5945 CHEROKEE DRIVE  
LAKE WORTH FL 33463

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	Bedard Maurice	
STREET ADDRESS	5899 SHAWNEE DR.	
CITY-ST-ZIP	LAKE WORTH FL. 33463	

1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	STIFTER ROBERT	
1.3 STREET ADDRESS	5944 CHEROKEE DR.	
1.4 CITY-ST-ZIP	LAKE WORTH FL. 33463	

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WATERMAN William	
STREET ADDRESS	5817 APACHE DR.	
CITY-ST-ZIP	LAKE WORTH FL. 33463	

2.1 TITLE	T/D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Walsh William	
2.3 STREET ADDRESS	5960 CHEROKEE DR.	
2.4 CITY-ST-ZIP	LAKE WORTH FL. 33463	

TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAM WALTER	
STREET ADDRESS	5870 CHEROKEE DR.	
CITY-ST-ZIP	LAKE WORTH FL. 33463	

3.1 TITLE	S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	YATES MARY	
3.3 STREET ADDRESS	5933 CHEROKEE DR.	
3.4 CITY-ST-ZIP	LAKE WORTH FL. 33463	

TITLE	T	<input type="checkbox"/> DELETE
NAME	Walsh William	
STREET ADDRESS	5960 CHEROKEE DR.	
CITY-ST-ZIP	LAKE WORTH FL. 33463	

4.1 TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	SILVIA Joseph	
4.3 STREET ADDRESS	5915 WICHITA DR.	
4.4 CITY-ST-ZIP	LAKE WORTH FL. 33463	

TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	LEES VERA	
STREET ADDRESS	5936 WICHITA DR.	
CITY-ST-ZIP	LAKE WORTH FL. 33463	

5.1 TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	SCHLESSEL ALAN	
5.3 STREET ADDRESS	5877 SHAWNEE DR.	
5.4 CITY-ST-ZIP	LAKE WORTH FL. 33463	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert Stifter* ROBERT STIFTER 3/25/97 561-967-2091  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # 0043910

CR2E037 (9/96)