

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 06, 1999 8:00 am
Secretary of State

04-06-1999 90015 033 ****61.25

DOCUMENT # N96000001547

1. Corporation Name

KOKOMO PARK HOME OWNERS, INC.

Principal Place of Business

5945 CHEROKEE DRIVE
LAKE WORTH FL 33463

Mailing Address

5945 CHEROKEE DRIVE
LAKE WORTH FL 33463



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

03/19/1996

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-2631783

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

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 617.0508, Florida Statutes.

SIGNATURE

Richard G. McDonnell
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 PD ☐ DELETE
NAME STIFTER, ROBERT
STREET ADDRESS 5945 CHEROKEE DRIVE
CITY-ST-ZIP LAKE WORTH FL 33463

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE TD ☐ DELETE
NAME WALSH, WILLIAM
STREET ADDRESS 5910 CHEROKEE DR.
CITY-ST-ZIP LAKE WORTH FL 33463

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SD ☒ DELETE
NAME YATES, MARY
STREET ADDRESS 5923 CHEROKEE DR.
CITY-ST-ZIP LAKE WORTH FL 33463

3.1 TITLE SD ☒ Change ☐ Addition
3.2 NAME JEAN BARRETT
3.3 STREET ADDRESS 5914 WICHITA DR.
3.4 CITY-ST-ZIP LAKE WORTH, FL. 33463

TITLE VD ☐ DELETE
NAME SILVIA, JOSEPH
STREET ADDRESS 5915 WICHITA DR.
CITY-ST-ZIP LAKE WORTH FL 33463

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE TRD ☒ DELETE
NAME SCHLESSEL, ALAN
STREET ADDRESS 5877 SHAWNEE DR.
CITY-ST-ZIP LAKE WORTH FL 33463

5.1 TITLE TRD ☒ Change ☐ Addition
5.2 NAME RONALD LEES
5.3 STREET ADDRESS 5936 WICHITA DR.
5.4 CITY-ST-ZIP LAKE WORTH, FL. 33463

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

Robert C. Stifter
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/30/99 561 967 2091

CR2E037_ (11/98)