

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

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

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

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

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2. Principal Place of Business

**21**

2a. Mailing Address

Suite, Apt. #, etc.

**22**

26

Suite, Apt. #, etc.

**27**

City & State

**23**

28

Zip

**24**

25

Country

29

Zip

30

Country

31

3. Date Incorporated or Qualified

**03/19/1996**

4. FEI Number

**59-2631783**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75**

Additional

Fee Required

6. Election Campaign Financing

**\$5.00**

May Be

Added to Fees

9. Name and Address of Current 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	<b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>STIFTER, ROBERT</b>		1.2 NAME	
STREET ADDRESS	<b>5945 CHEROKEE DRIVE</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE WORTH FL 33463</b>		1.4 CITY-ST-ZIP	
TITLE	<b>TD</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WALSH, WILLIAM</b>		2.2 NAME	
STREET ADDRESS	<b>5910 CHEROKEE DR.</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE WORTH FL 33463</b>		2.4 CITY-ST-ZIP	
TITLE	<b>SD</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>YATES, MARY</b>		3.2 NAME	
STREET ADDRESS	<b>5923 CHEROKEE DR.</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE WORTH FL 33463</b>		3.4 CITY-ST-ZIP	
TITLE	<b>VD</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SILVIA, JOSEPH</b>		4.2 NAME	
STREET ADDRESS	<b>5915 WICHITA DR.</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE WORTH FL 33463</b>		4.4 CITY-ST-ZIP	
TITLE	<b>TRD</b>	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SCHLESSEL, ALAN</b>		5.2 NAME	
STREET ADDRESS	<b>5877 SHAWNEE DR.</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>LAKE WORTH FL 33463</b>		5.4 CITY-ST-ZIP	
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			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, or changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Robert G. Stifter* RECORDED 3/30/99 561 967 2091

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Data

Daytime Phone #

CR2E037\_11/98