

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000001547

1. Entity 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 33463-6955

2. Principal Place of Business

SAME
Suite, Apt. #, etc.

3. Mailing Address

SAME
Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2631783

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

MCDONNELL, RICHARD G
5945 CHEROKEE DRIVE
LAKE WORTH FL 33463

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	STIFTER, ROBERT	
STREET ADDRESS	5945 CHEROKEE DRIVE	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	TD	<input type="checkbox"/> Delete
NAME	WALSH, WILLIAM	
STREET ADDRESS	5910 CHEROKEE DR.	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BARRETT, JEAN	
STREET ADDRESS	5914 WICHITA DRIVE	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SILVIA, JOSEPH	
STREET ADDRESS	5915 WICHITA DR.	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	TRD	<input type="checkbox"/> Delete
NAME	LEES, RONALD	
STREET ADDRESS	5936 WICHITA DRIVE	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

12. 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 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:

Signature Required
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/24/00 (561) 965-7064
Date Daytime Phone #

CR2E037 (9/99)