

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 20, 2002 8:00 am**  
**Secretary of State**

0037227

**DOCUMENT # N96000001547**

1. Entity Name

**KOKOMO PARK HOME OWNERS, INC.**

Principal Place of Business

Mailing Address

5945 CHEROKEE DRIVE  
 LAKE WORTH FL 33463

5945 CHEROKEE DRIVE  
 LAKE WORTH FL 33463

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**MCDONNELL, RICHARD G**  
**5945 CHEROKEE DRIVE**  
**LAKE WORTH FL 33463**

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

*Richard G. McDonnell*

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☐ Delete  
 NAME **STIFTER, ROBERT**  
 STREET ADDRESS **5945 CHEROKEE DRIVE**  
 CITY-ST-ZIP **LAKE WORTH FL 33463**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TD** ☐ Delete  
 NAME **MCDONNELL, RICHARD**  
 STREET ADDRESS **5945 CHEROKEE DR**  
 CITY-ST-ZIP **LAKE WORTH FL 33463**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SD** ☐ Delete  
 NAME **BARRETT, JEAN**  
 STREET ADDRESS **5914 WICHITA DRIVE**  
 CITY-ST-ZIP **LAKE WORTH FL 33463**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VD** ☒ Delete  
 NAME **SILVA, JOSEPH**  
 STREET ADDRESS **5915 WICHITA DR.**  
 CITY-ST-ZIP **LAKE WORTH FL 33463**

TITLE **EDWARD CONNOLLY VD** ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS **5833 CHEROKEE DR.**  
 CITY-ST-ZIP **LAKE WORTH, FL. 33463**

TITLE **TRD** ☒ Delete  
 NAME **LEES, RONALD**  
 STREET ADDRESS **5936 WICHITA DRIVE**  
 CITY-ST-ZIP **LAKE WORTH FL 33463**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **TD** ☐ Delete  
 NAME **CONNOLLY, EDWARD**  
 STREET ADDRESS **5833 CHEROKEE DR**  
 CITY-ST-ZIP **LAKE WORTH FL 33463**

TITLE ☐ Change ☐ 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:

*Robert Stifter*

CR2E037 (9/01)