
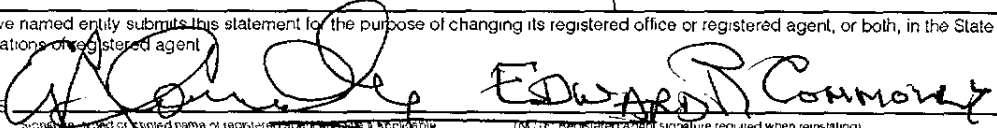
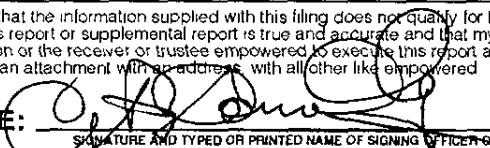


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 08:00 AM**  
**Secretary of State**

DOCUMENT # N96000001547					
<b>1. Entity Name</b> KOKOMO PARK HOME OWNERS, INC.					
<b>Principal Place of Business</b> 5945 CHEROKEE DRIVE LAKE WORTH, FL 33463			<b>Mailing Address</b> 5945 CHEROKEE DRIVE LAKE WORTH, FL 33463		
<b>2. Principal Place of Business</b>		<b>3. Mailing Address</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		04162004    Chg-NP    CR2E037 (10/03)	
<b>4. FEI Number</b> 59-2631783				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
CONNOLLY, EDWARD 5833 CHEROKEE DR LAKE WORTH, FL 33463			Name Street Address (P.O. Box Number is Not Acceptable) City FL    Zip Code		
<b>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. I am familiar with, and accept the obligations of registered agent.</b>					
SIGNATURE				DATE: 4/27/04	
<b>Filing Fee is \$61.25</b> <b>Due by May 1, 2004</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution: <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HEITHOFF, HAROLD		NAME		
STREET ADDRESS	5884 CHEROKEE DR		STREET ADDRESS		
CITY- ST- ZIP	LAKE WORTH, FL 33463		CITY- ST- ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REPP, RONALD		NAME		
STREET ADDRESS	5927 WICHITA DR		STREET ADDRESS		
CITY- ST- ZIP	LAKE WORTH, FL 33463		CITY- ST- ZIP		
TITLE	SD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BARRETT, JEAN		NAME		
STREET ADDRESS	5914 WICHITA DRIVE		STREET ADDRESS		
CITY- ST- ZIP	LAKE WORTH, FL 33463		CITY- ST- ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CONNOLLY, TED		NAME		
STREET ADDRESS	5833 CHEROKEE DR		STREET ADDRESS		
CITY- ST- ZIP	LAKE WORTH, FL 33463		CITY- ST- ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MARTINEZ, DANIEL		NAME		
STREET ADDRESS	5867 CHEROKEE DR		STREET ADDRESS		
CITY- ST- ZIP	LAKE WORTH, FL 33463		CITY- ST- ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	STIFTER, ROBERT		NAME		
STREET ADDRESS	5945 CHEROKEE DR		STREET ADDRESS		
CITY- ST- ZIP	LAKE WORTH, FL 33463		CITY- ST- ZIP		
<b>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.</b>					
SIGNATURE:					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		TED CONNOLLY    4-27-04    561-641-0767			