

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2006 8:00 am
Secretary of State

03-22-2006 90030 017 ****61.25

DOCUMENT # N96000001547 1. Entity Name KOKOMO PARK HOME OWNERS, INC.					
Principal Place of Business 5862 WICHITA DR LAKE WORTH, FL 33463 US				Mailing Address 5862 WICHITA DR LAKE WORTH, FL 33463 US	
2. Principal Place of Business 5945 CHEROKEE DR.				3. Mailing Address 5945 CHEROKEE DR.	
Suite, Apt. #, etc. 				Suite, Apt. #, etc. 	
City & State LAKE WORTH FL.		City & State LAKE WORTH FL.		4. FEI Number 59-2631783	
Zip 33463		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LINDNER, HENRY 5862 WICHITA DR LAKE WORTH, FL 33463				7. Name and Address of New Registered Agent Name RICHARD McDONNELL Street Address (P.O. Box Number is Not Acceptable) 5945 CHEROKEE DR. City LAKE WORTH FL Zip Code 33463	
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. SIGNATURE RICHARD McDONNELL DATE 3-13-06. <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHANI, JUDITH 5841 CHEROKEE DR LAKE WORTH, FL 33463	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT HENRY LINDNER 5862 WICHITA DR. LAKE WORTH FL 33463	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FISHER, HAROLD 5827 CHEROKEE DR LAKE WORTH, FL 33463	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VICE PRESIDENT ANN REBILLARD 5937 SHAWNEE DR. LAKE WORTH FL 33463	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CAMPBELL, WAYNE 5832 WICHITA DR LAKE WORTH, FL 33463	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SECRETARY LILLIAN M. PRADO 5929 SHAWNEE DR. LAKE WORTH FL 33463	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LINDNER, HENRY 5862 WICHITA DR LAKE WORTH, FL 33463	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D. RICHARD McDONNELL 5945 CHEROKEE DR. LAKE WORTH FL 33463	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES HANNA, JUNE 5885 APACHE DR LAKE WORTH, FL 33463	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES JUNE HANNA 5862 CHEROKEE DR. LAKE WORTH FL 33463	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BARRETT, JEAN 5914 WICHITA DR LAKE WORTH, FL 33463	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Lillian M. Prado LILLIAN M PRADO 3/13/06 561-433-0322 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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