


**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 08, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N96000001547</b>	
1. Entity Name <b>KOKOMO PARK HOME OWNERS, INC.</b>	

Principal Place of Business <b>5945 CHEROKEE DR LAKE WORTH, FL 33463 US</b>	Mailing Address <b>5945 CHEROKEE DR LAKE WORTH, FL 33463 US</b>
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**DO NOT WRITE IN THIS SPACE**



03012007 No Chg-NP CR2E037 (4/06)

4. FEI Number <b>59-2631783</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**MCDONNELL, RICHARD  
5945 CHEROKEE DR  
LAKE WORTH, FL 33463**

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IN THIS SPACE**

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 G. McDonnell* *Richard G. McDonnell* *3-3-07*  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LINDONER, HENRY 5862 WICHITA DR LAKE WORTH, FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP REBILLARD, ANN 5937 SHAWNEE DR LAKE WORTH, FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PRADO, LILLIAN 5929 SHAWNEE DR LAKE WORTH, FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCDONNELL, RICHARD 5945 CHEROKEE DR LAKE WORTH, FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES HANNA, JUNE 5885 APACHE DR LAKE WORTH, FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HANNA, JUNE 58 CHEROKEE DR LAKE WORTH, FL 33463

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03/19/07-80024-001 61.25

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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: *Richard G. McDonnell* *Richard G. McDonnell* *3-3-07* *561-966-8415*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #