2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2009
Secretary of State

DOCUMENT# N96000001547

Entity Name: KOKOMO PARK HOME OWNERS, INC.

Current Principal Place of Business:

5945 CHEROKEE DR
LAKE WORTH, FL 33463 US

New Principal Place of Business:

4619 KOKOMO DR.
LAKE WORTH, FL 33463 US

Current Mailing Address:

5945 CHEROKEE DR
LAKE WORTH, FL 33463 US

New Mailing Address:

4619 KOKOMO DR.
LAKE WORTH, FL 33463 US

FEI Number: 59-2631783 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: REBILLARD, ANN
Address: 5937 SHAWNEE DRIVE
City-St-Zip: LAKE WORTH, FL 33463

Title: S ( ) Delete
Name: COURTRIGHT, SUSAN
Address: 5900 CHEROKEE DRIVE
City-St-Zip: LAKE WORTH, FL 33463

Title: D ( ) Delete
Name: MCDONNELL, RICHARD
Address: 5945 CHEROKEE DR
City-St-Zip: LAKE WORTH, FL 33463

Title: TRES ( ) Delete
Name: REPP, PAULINE
Address: 4619 KOKOMO DRIVE
City-St-Zip: LAKE WORTH, FL 33463

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: S ( ) Change (X) Addition
Name: COURTRIGHT, SUSAN
Address: 5900 CHEROKEE DR.
City-St-Zip: LAKE WORTH, FL 33463

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PAULINE REPP TRES 04/30/2009
Electronic Signature of Signing Officer or Director Date