NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 747381
1. Corporation Name

COMMODORE PLACE CONDOMINIUM, INC.

Feb 24, 1999 8:00 am § Secretary of State

02-24-1999 90059 033 ****61.25

Principal Place of Business Mailing Address									
1902 HONOUR		1902 HONOUR RD.							
ORLANDO FL	32839-1505	ORLANDO FL 32839-1505	ORLANDO FL 32839-1505						
						1 (00(11) (10)(010)) (10010 (1)010		7 = 1511 - 1511	, ;
								•	•
2. Principal Pi				3. Date Incorporated or Qualifed					
21	acco o, Daginoss	2a. Mailing Address				05/25/1979			
Suite, Apt.	#. etc.	Suite, Apt. #, etc.				4. FEI Number		App	plied For
22	.,	27				59-2010269		Not	Applicable
City & State	9	City & State				5. Certificate of Status Desired	\$8.75 Additional		
23		28			1	5. Certificate of Status Desired	ш	Fee Red	quired
Zip	Country	Zip	Country	,		6. Election Campaign Financing		\$5.00	May Be
24	25	29 30				Trust Fund Contribution		Added to	Fees
	9. Name and Address of Current	Registered Agent		,		10. Name and Address of New F	egistered .	Age <u>nt</u>	
			81	Name					
REID, VIRGINIA				Street	Address	ddress (P.O. Box Number is Not Acceptable)			
1902 HON			82 Street Ad			,	· · · · · · · · · · · · · · · · · · ·		
	FL 32809	[8							* .
			84	City				85 Zip C	ode ·
				1			FL	1 :	
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes, tl	he abov	e-named	corpora	tion submits this statement for the	purpose of	changing its	registered
office or n	egistered agent, or both, in the State of manifer with, and accept the obligat	of Florida. Such change was autho ions of, Section 617.0503, Florida	rized by Statutes	tne corp	oration :	s board of directors. I hereby accep	it tine appoir	riment as lef	Jistered
-3									}
SIGNATURE	Signature, typed or printed name of registered agent			nt signature	required wh	nen reinstating)	DATE		
12.	OFFICERS ANI		13.			ADDITIONS/CHANGES TO OF	FICERS AN		
TITLE	Τ	☐ DELETE	1.1 TITLE					Change	☐ Addition
NAME	DRUMMOND, DAN		1.2 NAME		ļ				
STREET ADDRESS	540 MANDALAY ROAD		1.3 STREE	TADORESS	;	•			
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-S	T-ZIP	<u> </u>				F7 A 1 196
TITLE	D	☑ DELETE	2.1 TITLE		<u>D</u> -	R		Change	Addition
NAME	aliberti, Henry		2.2 NAME		130	mes BrownE.		•	
STREET ADDRESS	1902-34 HONOUR ROAD		2.3 STREE	T ADDRESS	1102	38 HONDER HG.			
CITY-ST-ZIP	ORLANDO FL			ST-ZIP	orl	ando, 71 32839		:-	
TITLE	V	☐ DELETE	3.1 T/TLE	-	1	•		Change	☐ Addition
NAME	COHEN, SYLVIA		3.2 NAME				•		
STREET ADDRESS	1916-1 HONOUR ROAD	3.3 \$		T ADDRESS	3		• •		
CITY-ST-ZIP	ORLANDO FL		3.4. CITY-5	ST-ZIP	<u> </u>				
TITLE	D	☐ DELETE 4.1 TI						Change	☐ Addition
NAME	HILDRETH, LEONIE		4. 2 NAME						1
STREET ADDRESS	1902-8 HONOUR ROAD	į	4.3 STREE	T ADDRESS	;				
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-S	T-ZIP					
TITLE	S	☐ DELETE	5.1 TITLE					Change	Addition
NAME	REXROAT, JAMES		5.2 NAME		1	•			
STREET ADDRESS	1213 OREGON STREET	ļ	5.3 STREE	TADDRESS	i				
CITY-ST-ZIP	ORLANDO FL		5.4 CITY-S	T-ZIP	l				
TITLE	P	☐ DELETE	6.1 TITLE			1		Change	Addition
NAME	MARTINEZ, NEPHTALI		6.2 NAME						. [
STREET ADDRESS	1813 TOWNHALL LANE		6.3 STREE	TADORESS	6				
	1 <u> </u>				1	·		•	ŀ

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address, with all other like empowered.

SIGNATURE: