

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 30, 2001 8:00 am
Secretary of State

01-30-2001 90114 041 ****61.25

DOCUMENT # 747381

1. Entity Name

COMMODORE PLACE CONDOMINIUM, INC.

Principal Place of Business

Mailing Address

1902 HONOUR RD.
 ORLANDO FL 32839-1505

1902 HONOUR RD.
 ORLANDO FL 32839-1505

00012160



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2010269

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

REID, VIRGINIA
 1902 HONOUR RD.
 ORLANDO FL 32809

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T
 DRUMMOND, DAN
 540 MANDALAY ROAD
 ORLANDO FL Delete

Change Addition

D
 BROWNE, JAMES
 1902-38 HONOUR RD.
 ORLANDO FL 32839 Delete

D
 JOSA O Vazquez
 4618 Green Glen Ct.
 Orlando, FL 32839-2066 Change Addition

V
 COHEN, SYLVIA
 1916-1 HONOUR ROAD
 ORLANDO FL Delete

Change Addition

D
 HILDRETH, LEONIE
 1902-8 HONOUR ROAD
 ORLANDO FL Delete

Change Addition

S
 REXROAT, JAMES
 1213 OREGON STREET
 ORLANDO FL Delete

Change Addition

P
 MARTINEZ, NEPHALI
 1813 TOWNHALL LANE
 ORLANDO FL Delete

Change Addition

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.

SIGNATURE:

Sylvia Cohen **Sylvia Cohen** 1-9-01 (407) 857-4030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (10/00)