
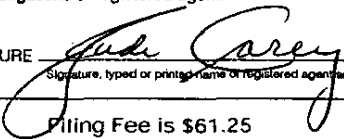
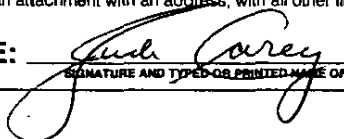


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90302 048 ****61.25

DOCUMENT # 747381			
1. Entity Name COMMODORE PLACE CONDOMINIUM, INC.			
Principal Place of Business 1902 HONOUR RD. ORLANDO, FL 32839-1505		Mailing Address 1902 HONOUR RD. ORLANDO, FL 32839-1505	
2. Principal Place of Business		3. Mailing Address 200 N. Denning Drive	
Suite, Apt. #, etc.		Suite, Apt. #, etc. Suite #2	
City & State		City & State Winter Park, FL	
Zip	Country	Zip	Country
32789	USA	32789	USA
8. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
REID, VIRGINIA 1902 HONOUR RD. ORLANDO, FL 32809		Name J. Carey Properties, Inc. Street Address (P.O. Box Number is Not Acceptable) 200 N. Denning Drive #2 Suite #2 City Winter Park FL Zip Code 32789	
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  Judi Carey, Broker -LCAM		4/14/05	
Filing Fee is \$61.25 Due by May 1, 2005		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	T <input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DRUMMOND, DAN	NAME	
STREET ADDRESS	540 MANDALAY ROAD	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL	CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAZQUEZ, JOSE	NAME	
STREET ADDRESS	4618 GREEN GLEN CT	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 328392066	CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, SYLVIA	NAME	
STREET ADDRESS	1916-1 HONOUR ROAD	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32839	CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILDRETH, LEONIE	NAME	
STREET ADDRESS	1902-8 HONOUR ROAD	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32839	CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK, FRANCIS	NAME	
STREET ADDRESS	741 CITRUS COVE DR	STREET ADDRESS	
CITY-ST-ZIP	WINTER GARDEN, FL 34787	CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, NEPHTALI	NAME	
STREET ADDRESS	13229 LAKE LIVE OAK DR	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32828	CITY-ST-ZIP	
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:  Judi Carey, LCAM, as Agent		4/14/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

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