


**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 19, 2008 8:00 am**  
**Secretary of State**

02-19-2008 90022 044 \*\*\*\*70.00

<b>DOCUMENT # 747381</b>			
1. Entity Name <b>COMMODORE PLACE CONDOMINIUM, INC.</b>			
Principal Place of Business <b>1902 HONOUR RD. ORLANDO, FL 32839-1505</b>		Mailing Address <b>4004 EDGEWATER DRIVE ORLANDO, FL 32804</b>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address <b>1902 HONOUR RD</b>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <b>ORLANDO FL</b>	
Zip	Country	Zip	Country
<b>32839</b>	<b>USA</b>	<b>32839</b>	<b>USA</b>
4. FEI Number <b>59-2010269</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		7. Name and Address of New Registered Agent	
<b>ASSET REAL ESTATE INC 4004 EDGEWATER DRIVE ORLANDO, FL 32804</b>		Name <b>BONNIE LUCERO-WALSH</b>	
		Street Address (P.O. Box Number is Not Acceptable) <b>1902 HONOUR RD</b>	
		City <b>ORLANDO</b>	
		Zip Code <b>32839</b>	
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: <u>BONNIE LUCERO-WALSH, PRESIDENT</u> <i>Bonnie Lucero-Walsh</i> <u>2/13/08</u>			
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, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	PD <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUCERO, BONNIE	NAME	
STREET ADDRESS	1926-1 HONOUR ROAD	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32839	CITY-ST-ZIP	
TITLE	DS <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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REID, VIRGINIA	NAME	
STREET ADDRESS	1902 HONOUR ROAD	STREET ADDRESS	<b>1904-32 HONOUR RD</b>
CITY-ST-ZIP	ORLANDO, FL 32839	CITY-ST-ZIP	
TITLE	D <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	D <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, NEPTALI	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 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: <u>Bonnie Lucero-Walsh as President</u> <i>Bonnie Lucero-Walsh</i> <u>2/13/08</u> <u>321-251-6758</u>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #			