

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morhart
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 9:47**

DOCUMENT # 754163 (4)
1. Corporation Name
COMMODORE CONDOMINIUMS ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
1140 BAYSHORE DRIVE FT PIERCE FL 34949 **1140 BAYSHORE DRIVE FT PIERCE FL 34949**

3. Date Incorporated or Qualified **09/15/1980** 3a. Date of Last Report **05/01/1994**
4. FEI Number **59-2265175** Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**GATES, HAROLD
1225 CARLTON COURT #101
FT. PIERCE FL 34949**

10. Name and Address of New Registered Agent
01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PO GATES, HAROLD 1225 CARLTON CT., #101 FT. PIERCE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SIMONETTI, BERYL 1245 CARLTON COURT #101 FT. PIERCE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD STEVENS, DAVID 1225 CARLTON CT., #108 FT. PIERCE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT TAYLOR, ROBERT 1225 CARLTON CT., #204 FT. PIERCE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D STEVENS, DAVID 1225 CARLTON CT #106 FT PIERCE FL
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition VD HATHAWAY, JACK 1225 CARLTON CT #206 FT PIERCE FL
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), 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.

SIGNATURE: Harold Gates (Pres)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Harold Gates

Mar 6/95
Date Filed
461-8563
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