

**NONPROFIT CORPORATION ANNUAL REPORT 1999**

**FLORIDA DEPARTMENT OF STATE**  
 Katherine Harris  
 Secretary of State  
 DIVISION OF CORPORATIONS



FILED

99 JUN 16 AM 9:40

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

**DOCUMENT # 754163**

1. Corporation Name

~~COMMODORE CONDOMINIUMS ASSOCIATION, INC.~~  
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 COMMODORE CONDOMINIUMS ASSOCIATION, INC.

Principal Place of Business

1140 BAYSHORE DRIVE  
 FT PIERCE FL 34949

Mailing Address

1140 BAYSHORE DRIVE  
 FT PIERCE FL 34949



E. Principal Place of Business		2a. Mailing Address	3. Date Incorporated or Qualified
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	25. City & State	09/15/1980
22. City & State	27. City & State	28. Zip	4. FEI Number
23. Zip	29. Zip	29. Country	59-2265175
24. Country	30. Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
8. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

GATES, HAROLD  
 1225 CARLTON COURT #101  
 FT. PIERCE FL 34949

16. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. State
85. Zip Code

17. Pursuant to the provisions of Sections 817.0502 and 817.1804, 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 817.0503, Florida Statutes.

SIGNATURE		SIGNATURE	
Signature, typed or printed name of registered agent and title if applicable		Name of Registered Agent (signature required when appointing)	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	GATES, HAROLD	1.2 NAME	
STREET ADDRESS	1225 CARLTON CT., #101	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	TD
NAME	STEVENS, DAVID	2.2 NAME	Robert Taylor
STREET ADDRESS	1225 CARLTON CT., #108	2.3 STREET ADDRESS	1225 Carlton Court
CITY-ST-ZIP	FT. PIERCE FL	2.4 CITY-ST-ZIP	Ft. Pierce, FL
TITLE	SD	3.1 TITLE	
NAME	SIMONETTI, BERYL	3.2 NAME	
STREET ADDRESS	1245 CARLTON CT	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL 34949	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	
NAME	WITHAM, MARK	4.2 NAME	
STREET ADDRESS	1245 CARLTON CT., #203	4.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	VPD
NAME	HATHAWAY, JACK	5.2 NAME	
STREET ADDRESS	1225 CARLTON CT	5.3 STREET ADDRESS	
CITY-ST-ZIP	FT. PIERCE FL 34949	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(k), 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 817, 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 persons.

SIGNATURE: **SIGNATURE REQUIRED** *Harold Gates* 3/22/99 461-856