

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2002 8:00 am**  
**Secretary of State**

03-06-2002 90039 033 \*\*\*\*61.25

**DOCUMENT # 754163**

1. Entity Name

**COMMODORE CONDOMINIUMS ASSOCIATION, INC.**

Principal Place of Business

Mailing Address

**1140 BAYSHORE DRIVE  
 FT PIERCE FL 34949**

**1140 BAYSHORE DRIVE  
 FT PIERCE FL 34949**

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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

**59-2265175**

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

**HOLLIHAN, TERENCE E  
 1225 CARLTON COURT #102  
 FT. PIERCE FL 34949**

Name  
**HATHAWAY, JACK**

Street Address (P.O. Box Number is Not Acceptable)  
**1225 CARLTON COURT, UNIT 206**

City  
**FT. PIERCE**

**FL**

Zip Code  
**34949**

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

*Jack Hathaway*

*2/7/02*

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

TITLE **PD**  Delete  
 NAME **HOLLIHAN, TERENCE E**  
 STREET ADDRESS **1225 CARLTON CT #102**  
 CITY-ST-ZIP **FORT PIERCE FL 34949**

TITLE **V/D**  Change  Addition  
 NAME **Bray, Tom**  
 STREET ADDRESS **1225 Carlton Court, #105**  
 CITY-ST-ZIP **Fort Pierce, FL 34949**

TITLE **TD**  Delete  
 NAME **SIMONETTI, BERYL**  
 STREET ADDRESS **1225 CARLTON CT #101**  
 CITY-ST-ZIP **FORT PIERCE FL 34949**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **SD**  Delete  
 NAME **RIECK, JOAN**  
 STREET ADDRESS **1225 CARLTON CT #103**  
 CITY-ST-ZIP **FT. PIERCE FL 34949**

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ~~**VPD**~~  Delete  
 NAME **HATHAWAY, JACK**  
 STREET ADDRESS **1225 CARLTON CT**  
 CITY-ST-ZIP **FT. PIERCE FL 34949**

TITLE ~~**P/D**~~  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  Change  Addition  
 NAME  
 STREET ADDRESS  
 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:

*Signature of Jack Hathaway*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*2/7/02*  
 Date

*561-464-2177*  
 Daytime Phone #

CR2E037 (9/01)