


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007 8:00 am
Secretary of State

04-10-2007 90013 029 ****61.25

DOCUMENT # 754163			
1. Entity Name COMMODORE CONDOMINIUMS ASSOCIATION, INC.			
Principal Place of Business 1140 BAYSHORE DRIVE FT PIERCE, FL 34949		Mailing Address 1140 BAYSHORE DRIVE FT PIERCE, FL 34949	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
MACALLISTER, PHYLLIS A 1245 CALTON CT APT 105 FORT PIERCE, FL 34949 McALLISTER		Name: _____ Street Address (P.O. Box Number is Not Acceptable): _____ City: _____ FL Zip: _____	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
Filing Fee is \$61.25 Due by May 1, 2007		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	NAME	TITLE	NAME
VP	BRAY, TOM		D NANCY TUROFF
	1225 CARLTON CT # 105		1225 CARLTON CT. APT 103
	FORT PIERCE, FL 34949		FT. PIERCE FL 34949
			D WILLIAM M. ARBAUGH
	MACALLISTER, PHYLLIS A		1225 CARLTON CT. # 206
	1245 CARLTON CT # 105		FT. PIERCE FL 34949
	FORT PIERCE, FL 34949		
			P D T
	SD KISSMAN, GERALD		PHYLLIS McALLISTER
	1225 CARLTON CT # 106		1245 CARLTON CT, APT. 105
	FT. PIERCE, FL 34949		FT. PIERCE FL 34949
			D MAURICE MECUM
	TD TUROFF, NANCY		1245 CARLTON CT. APT. 104
	1245 CARLTON CT # 104		FT. PIERCE FL 34949
	FORT PIERCE, FL 34949		
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: <i>Phyllis McAllister</i>		7-4-07 772-332-3484	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	