


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2008 08:00 A
Secretary of State

DOCUMENT # 754163

1. Entity Name
COMMODORE CONDOMINIUMS ASSOCIATION, INC.



Principal Place of Business Mailing Address

1140 BAYSHORE DRIVE **1140 BAYSHORE DRIVE**
FT PIERCE, FL 34949 **FT PIERCE, FL 34949**



04012008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-2265175 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

MCALLISTER, PHYLLIS A
1295 CARLTON CT # 105
FORT PIERCE, FL 34949

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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 reissuing) DATE _____

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

U00000881672
 04/16/08-80010-018 61.25

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	TUROFF, NANCY
STREET ADDRESS	1225 CARLTON CT APT 103
CITY-ST-ZIP	FORT PIERCE, FL 34949
TITLE	TD
NAME	MACALLISTER, PHYLLIS A
STREET ADDRESS	1295 CARLTON CT # 105
CITY-ST-ZIP	FORT PIERCE, FL 34949
TITLE	SD
NAME	KISSMAN, GERALD
STREET ADDRESS	1225 CARLTON CT # 2106
CITY-ST-ZIP	FT. PIERCE, FL 34949
TITLE	D
NAME	ARBAUGH, WILLIAM M
STREET ADDRESS	1225 CARLTON CT #206
CITY-ST-ZIP	FORT PIERCE, FL 34949
TITLE	D
NAME	MECUM, MAURICE
STREET ADDRESS	1245 CARLTON CT APT 104
CITY-ST-ZIP	FORT PIERCE, FL 34949
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: *Walter R. ...* Date: 4/3/08 Daytime Phone #: 517-881-8702

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR *Rescoat*