

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 754163

FILED  
Mar 25, 2009  
Secretary of State

Entity Name: COMMODORE CONDOMINIUMS ASSOCIATION, INC.

**Current Principal Place of Business:**

1140 BAYSHORE DRIVE  
FT PIERCE, FL 34949

**New Principal Place of Business:**

**Current Mailing Address:**

1140 BAYSHORE DRIVE  
FT PIERCE, FL 34949

**New Mailing Address:**

FEI Number: 59-2265175      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

MCALLISTER, PHYLLIS A  
1245 CALTON CT APT 105  
FORT PIERCE, FL 34949      US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D      ( ) Delete  
Name: TUROFF, NANCY  
Address: 1225 CARLTON CT APT 103  
City-St-Zip: FORT PIERCE, FL 34949

Title: TD      ( ) Delete  
Name: MACALLISTER, PHYLLIS A  
Address: 1295 CARLTON CT # 105  
City-St-Zip: FORT PIERCE, FL 34949

Title: SD      ( ) Delete  
Name: KISSMAN, GERALD  
Address: 1225 CARLTON CT # 2106  
City-St-Zip: FT. PIERCE, FL 34949

Title: D      ( ) Delete  
Name: ARBAUGH, WILLIAM M  
Address: 1225 CARLTON CT #206  
City-St-Zip: FORT PIERCE, FL 34949

Title: D      ( ) Delete  
Name: MECUM, MAURICE  
Address: 1245 CARLTON CT APT 104  
City-St-Zip: FORT PIERCE, FL 34949

Title:      ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D      (X) Change ( ) Addition  
Name: SIMONETTI, BERYL  
Address: 1225 CARLTON CT # 2106  
City-St-Zip: FT. PIERCE, FL 34949

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D      ( ) Change (X) Addition  
Name: TONKOVICH, STEVEEN  
Address: 1245 CARLTON COURT,UNIT 205  
City-St-Zip: FORT PIERCE, FL 34949

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PHYLISS MACALLISTER

D

03/25/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date