

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**


FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90419 036 ****61.25

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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**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country

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
**HATHWAY, JACK
1225 CARLTON COURT #206
FT. PIERCE FL 34949**

DELETE

7. Name and Address of New Registered Agent
Name **THOMAS J BRAY**
Street Address (P.O. Box Number is Not Acceptable)
1225 CARLTON CT APT 105
FT PIERCE
City **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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Thomas J Bray*
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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> Delete
NAME	BRAY, TOM	
STREET ADDRESS	1225 CARLTON CT #105	
CITY-ST-ZIP	FORT PIERCE FL 34949	
TITLE	TD	<input type="checkbox"/> Delete
NAME	SIMONETTI, BERYL	
STREET ADDRESS	1225 CARLTON CT #101	
CITY-ST-ZIP	FORT PIERCE FL 34949	
TITLE	SD	<input type="checkbox"/> Delete
NAME	RIECK, JOAN	
STREET ADDRESS	1225 CARLTON CT #103	
CITY-ST-ZIP	FT. PIERCE FL 34949	
TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	HATHWAY, JACK	
STREET ADDRESS	1225 CARLTON CT	
CITY-ST-ZIP	FT PIERCE FL 34949	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Almeida, John	
STREET ADDRESS	1225 Carlton Court, #106	
CITY-ST-ZIP	Fort Pierce, Florida - 34949	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Thomas J Bray* **REQUIRE** **4-25-03**

CR2E037 (10/02)