2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 14, 2004 08:00 AM
Secretary of State

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1. Entity Name
COMMODORE COMMONS OF WAKULLA COUNTY PROPERTY OWNER'S ASSOCIATION, INC.

Principal Place of Business	Mailing Address
2931-B CRAWFORDVILLE HWY CRAWFORDVILLE, FL 32327	P.O. DRAWER 1600 CRAWFORDVILLE, FL 32326

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02272004 No Chg-NP CR2E037 (10/03)

4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

ROUTA, ROBERT A
2931-B CRAWFORDVILLE HWY
CRAWFORDVILLE, FL 32327

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2004

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	LAWHON, OLETA T
STREET ADDRESS	PO BOX 248
CITY-ST-ZIP	SOPCHOPPY, FL 32358
TITLE	VD
NAME	TAFF, HOUSTON E
STREET ADDRESS	854 ARRAN RD.
CITY-ST-ZIP	CRAWFORDVILLE, FL 32327
TITLE	TSD
NAME	TAFF, STEVEN G
STREET ADDRESS	3815 LONGFORD DR.
CITY-ST-ZIP	TALLAHASSEE, FL 32308
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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06/14/04-80001-017 61.25

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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: Oleta T. Lawhon 6-10-04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #