


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 27, 2005 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # N00000008203 1. Entity Name COMMODORE COMMONS OF WAKULLA COUNTY PROPERTY OWNER'S ASSOCIATION, INC. |  |
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|---|---|
| Principal Place of Business 2931-B CRAWFORDVILLE HWY CRAWFORDVILLE FL 32327 | Mailing Address P.O. DRAWER 1600 CRAWFORDVILLE FL 32326 |
|---|---|



1st MOORE CR2E037 (10/04)

| | | |
|--------------------------------|---------------------|---|
| 2. Principal Place of Business | 3. Mailing Address | 4. FEI Number NO-T APPLICABLE |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | Applied For <input type="checkbox"/> Not Applicable |
| City & State | City & State | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| Zip | Country | Zip |
| | | Country |

| | |
|--|--|
| 6. Name and Address of Current Registered Agent ROUTA, ROBERT A 2931-B CRAWFORDVILLE HWY CRAWFORDVILLE FL 32327 | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code |
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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 reinstating) _____ DATE _____

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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 | | <input type="checkbox"/> Delete |
|----------------------------|------------------------|---------------------------------|
| TITLE | PD LAWHON, OLETA T | <input type="checkbox"/> |
| NAME | PO BOX 248 | |
| STREET ADDRESS | SOPCHOPPY FL 32358 | |
| CITY - ST - ZIP | | |
| TITLE | VD TAFF, HOUSTON E | <input type="checkbox"/> |
| NAME | 854 ARRAN RD. | |
| STREET ADDRESS | CRAWFORDVILLE FL 32327 | |
| CITY - ST - ZIP | | |
| TITLE | TSD TAFF, STEVEN G | <input type="checkbox"/> |
| NAME | 3815 LONGFORD DR. | |
| STREET ADDRESS | TALLAHASSEE FL 32308 | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|---|---|---------------------------------|-----------------------------------|
| TITLE | NAME | | |
| STREET ADDRESS | | | |
| CITY - ST - ZIP | | | |
| TITLE | NAME | <input type="checkbox"/> | <input type="checkbox"/> |
| STREET ADDRESS | | | |
| CITY - ST - ZIP | | | |
| | U000000336459 04/27/05-80127-020 61.25 | | |
| TITLE | NAME | <input type="checkbox"/> | <input type="checkbox"/> |
| STREET ADDRESS | | | |
| CITY - ST - ZIP | | | |
| TITLE | NAME | <input type="checkbox"/> | <input type="checkbox"/> |
| STREET ADDRESS | | | |
| CITY - ST - ZIP | | | |
| TITLE | NAME | <input type="checkbox"/> | <input type="checkbox"/> |
| 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: *Oleta T. Lawhon, Gen. Partner* 4-26-05 962-2331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #