

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Matham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
95 FEB 16 PM 3:11

DOCUMENT # **N05993** (3)

1. Corporation Name  
**THE COMMODORE OWNERS ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
**4715 THOMAS DRIVE 4715 THOMAS DRIVE**  
**9TH FLOOR 9TH FLOOR**  
**PANAMA CITY BEACH FL 32408 PANAMA CITY BEACH FL 32408**  
**US US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>11/02/1984</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>59-2502838</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	<b>\$68.75 Supplemental Fee Not Required</b>
8. This corporation has liability for intangible tax under S. 189.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21	25
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
Zip	Country
29	30

9. Name and Address of Current Registered Agent  
**HESS, BRIAN D.**  
**9108 FRONT BEACH RD.**  
**PANAMA CITY FL 32408**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</b> 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LOMENZO, JOHN P.</b>	1.2 NAME	
STREET ADDRESS	<b>30 W. BROAD ST., STE. 100</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ROCHESTER NY</b>	1.4 CITY - ST - ZIP	
TITLE	<b>SD</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BARTON, RICHARD</b>	2.2 NAME	
STREET ADDRESS	<b>4715 THOMAS DR</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PANAMA CITY BEACH FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>PO</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MANNING, JOE</b>	3.2 NAME	
STREET ADDRESS	<b>524 BUNKERS COVE RD.</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PANAMA CITY FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>VD</b>	4.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>GERRY, DON</b>	4.2 NAME	<b>Everett, Kenneth</b>
STREET ADDRESS	<b>1816 GROMWELL DR.</b>	4.3 STREET ADDRESS	<b>407 Oppert Rd.</b>
CITY - ST - ZIP	<b>NASHVILLE TN</b>	4.4 CITY - ST - ZIP	<b>Dothan, AL 36301</b>
TITLE	<b>TD</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DAVIS, MARY</b>	5.2 NAME	
STREET ADDRESS	<b>2015 ROBIN HOOD DR</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ALBANY GA</b>	5.4 CITY - ST - ZIP	
TITLE	<b>D</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HERMANSSEN, KEN</b>	6.2 NAME	
STREET ADDRESS	<b>4715 THOMAS DR.</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>PANAMA CITY BEACH FL</b>	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Kenneth Hermansen Kenneth Hermansen/Director 904-234-8699  
(Signature and typed or printed name of signing officer or director)