

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N05993 (3)**
1. Corporation Name
THE COMMODORE OWNERS ASSOCIATION, INC.



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

3. Date Incorporated or Qualified **11/02/1984** 3a. Date of Last Report **02/16/1995**
4. FEI Number **59-2502838** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.
22. City & State 27. City & State
23. Zip 28. Zip Country 29. Zip Country
24. 25. 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 **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: _____ DATE: _____
(Signature types for printed name of registered agent and the applicable (b)(1)(B) Registered Agent signature required when registering.)

12. OFFICERS AND DIRECTORS

11 TITLE	D	<input checked="" type="checkbox"/> DELETE
12 NAME	LOMENZO, JOHN P.	
13 STREET ADDRESS	30 W. BROAD ST., STE. 100	
14 CITY-ST-ZIP	ROCHESTER NY	
21 TITLE	SD	<input checked="" type="checkbox"/> DELETE
22 NAME	BARTON, RICHARD	
23 STREET ADDRESS	4715 THOMAS DR	
24 CITY-ST-ZIP	PANAMA CITY BEACH FL	
31 TITLE	PD	<input checked="" type="checkbox"/> DELETE
32 NAME	MANNING, JOE	
33 STREET ADDRESS	524 BUNKERS COVE RD.	
34 CITY-ST-ZIP	PANAMA CITY FL	
41 TITLE	VD	<input type="checkbox"/> DELETE
42 NAME	EVERETT, KENNETH	
43 STREET ADDRESS	407 OPPERT ROAD	
44 CITY-ST-ZIP	DOTHAN AL	
51 TITLE	TD	<input checked="" type="checkbox"/> DELETE
52 NAME	DAVIS, MARY	
53 STREET ADDRESS	2015 ROBIN HOOD DR	
54 CITY-ST-ZIP	ALBANY GA	
61 TITLE	D	<input type="checkbox"/> DELETE
62 NAME	HERMANSEN, KEN	
63 STREET ADDRESS	4715 THOMAS DR.	
64 CITY-ST-ZIP	PANAMA CITY BEACH FL	

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D Vice-President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Bill Terbot	
13 STREET ADDRESS	4715 Thomas Drive, #1210	
14 CITY-ST-ZIP	Panama City Beach, FL 32408	
21 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	Gene Hurley	
23 STREET ADDRESS	4715 Thomas Dr., #1101	
24 CITY-ST-ZIP	Panama City Beach, FL 32408	
31 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	Wayne Bermuth	
33 STREET ADDRESS	4715 Thomas Dr., #1110	
34 CITY-ST-ZIP	Panama City Beach, FL 32408	
41 TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS	554 Oppert Road	
44 CITY-ST-ZIP		
51 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
52 NAME	Don Cherry	
53 STREET ADDRESS	1815 Cromwell Dr.	
54 CITY-ST-ZIP	Nashville, TN 37215	
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Kenneth Everett* Kenneth Everett 1-19-96 334-792-8504
Date Daytime Phone

CR2E037 (12/95)