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Mar 03 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N05993 (3)
1. Corporation Name
THE COMMODORE OWNERS ASSOCIATION, INC.



Principal Place of Business 4715 THOMAS DRIVE PANAMA CITY BEACH FL 32408 US	Mailing Address 4715 THOMAS DRIVE PANAMA CITY BEACH FL 32408 US
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3. Date Incorporated or Qualified 11/02/1984	
4. FEI Number 59-2502838	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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 B1 Name B2 Street Address (P.O. Box Number is Not Acceptable) B3 B4 City B5 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DVP <input type="checkbox"/> DELETE	1.1 TITLE	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERBOT, BILL	1.2 NAME	
STREET ADDRESS	4715 THOMAS DR., #1210	1.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY BEACH FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	Vice President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HURLEY, GENE	2.2 NAME	
STREET ADDRESS	4715 THOMAS DR., #1101	2.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY BEACH FL	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERMUTH, WAYNE	3.2 NAME	Margaret Honey
STREET ADDRESS	8741 N LAGOON DRIVE	3.3 STREET ADDRESS	4715 Thomas Dr. # 109
CITY-ST-ZIP	PANAMA CITY BEACH FL	3.4 CITY-ST-ZIP	Panama City Beach, FL 32408
TITLE	P <input type="checkbox"/> DELETE	4.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVERETT, KENNETH	4.2 NAME	
STREET ADDRESS	554 OPPERT ROAD	4.3 STREET ADDRESS	
CITY-ST-ZIP	DOTHAN AL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	
NAME	CHERRY, DON	5.2 NAME	
STREET ADDRESS	6323 THOMAS DRIVE #503	5.3 STREET ADDRESS	
CITY-ST-ZIP	PANAMA CITY BEACH FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERMANSEN, KEN	6.2 NAME	Ron Davis
STREET ADDRESS	4715 THOMAS DRIVE, #505	6.3 STREET ADDRESS	4715 Thomas Dr. # 401
CITY-ST-ZIP	PANAMA CITY BEACH FL	6.4 CITY-ST-ZIP	Panama City Beach, FL 32408

14. 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 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: *William J. [Signature]* 2/25/98

CR2E037 (10/97)