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Feb 10, 1999 8:00am
Secretary of State

02-10-1999 90017 019 *****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N05993

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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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/02/1984
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2502838
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Zip 29	Country 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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE 11/02/1984	<input 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 VP	<input type="checkbox"/> DELETE	2.1 TITLE	<input 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 type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME HONEY, MARGARET		3.2 NAME	
STREET ADDRESS 4715 THOMAS DR., #109		3.3 STREET ADDRESS	
CITY-ST-ZIP PANAMA CITY BEACH FL 32408		3.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	4.1 TITLE	<input 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DAVIS, RON		6.2 NAME	
STREET ADDRESS 4715 THOMAS DR., #401		6.3 STREET ADDRESS	
CITY-ST-ZIP PANAMA CITY BEACH FL 32408		6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: Bill Terbot **REQUIRED** 1/14/99 850
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 234-1795

CR2E037 (11/98)