

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 19, 2001 8:00 am
Secretary of State

01-19-2001 90086 047 ****61.25

0016023

DOCUMENT # N05993

1. Entity Name

THE COMMODORE OWNERS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

4715 THOMAS DRIVE
 PANAMA CITY BEACH FL 32408
 US

4715 THOMAS DRIVE
 PANAMA CITY BEACH FL 32408
 US

00006154



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-2502838

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SLOAN, TIMOTHY J
 427 MCKENZIE AVE
 PANAMA CITY FL 32402

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	TERBOT, BILL	
STREET ADDRESS	4715 THOMAS DR., #1210	
CITY-ST-ZIP	PANAMA CITY BEACH FL	
TITLE	VP	<input type="checkbox"/> Delete
NAME	HURLEY, GENE	
STREET ADDRESS	4715 THOMAS DR., #1101	
CITY-ST-ZIP	PANAMA CITY BEACH FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	HONEY, MARGARET	
STREET ADDRESS	4715 THOMAS DR, #109	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408	
TITLE	D	<input type="checkbox"/> Delete
NAME	EVERETT, KENNETH	
STREET ADDRESS	554 OPPERT ROAD	
CITY-ST-ZIP	DOTHAN AL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	CHERRY, DON	
STREET ADDRESS	6323 THOMAS DRIVE #503	
CITY-ST-ZIP	PANAMA CITY BEACH FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	DAVIS, RON	
STREET ADDRESS	4715 THOMAS DR, #401	
CITY-ST-ZIP	PANAMA CITY BEACH FL 32408	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Bill Adams - D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	4715 Thomas Dr. #608	
CITY-ST-ZIP	P.C.B., FL 32408	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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: _____

(Signature)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

1-3-01

Daytime Phone #

850-235-1486

CR2E037 (10/00)