

**2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Feb 27, 2004 8:00 am**  
**Secretary of State**

02-27-2004 90012 011 \*\*\*\*61.25

04012437

**DOCUMENT # N05993**

1. Entity 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



2. Principal Place of Business  
 Suite, Apt. #, etc.

3. Mailing Address  
 Suite, Apt. #, etc.

02252004 Chg-NP CR2E037 (10/03)

City & State

4. FEI Number  
**59-2502838**

Applied For  
 Not Applicable

Zip Country Zip Country

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**SMITH, CAROL D**  
**409 BETH STREET**  
**PANAMA CITY BEACH, FL 32407**

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE *Carol D Smith* **CAROL D. SMITH** **FEB; 26, 2004**

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

**Filing Fee is \$61.25 Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	TERBOT, BILL	
STREET ADDRESS	4715 THOMAS DR., #1210	
CITY-ST-ZIP	PANAMA CITY BEACH, FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	SMITH, CAROL D	
STREET ADDRESS	409 BETH ST.	
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32407	
TITLE	T	<input checked="" 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	NICHOLS, ED	
STREET ADDRESS	4715 THOMAS DR. #905	
CITY-ST-ZIP	PANAMA CITY, FL 32408	
TITLE	D	<input type="checkbox"/> Delete
NAME	ADAMS, BILL	
STREET ADDRESS	4715 THOMAS DR #608	
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32408	
TITLE	VP	<input type="checkbox"/> Delete
NAME	DAVIS, RON	
STREET ADDRESS	4715 THOMAS DR, #401	
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32408	

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROGER MARTIN</b>	
STREET ADDRESS	<b>105 ROLLINGWOODDCIRCLE</b>	
CITY-ST-ZIP	<b>ROME; GA 30165</b>	<b>TREASURER</b>
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		

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: *Bill Terbot Pres* **BILL TERBOT** **PRESIDENT** **FEB; 26 2004**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #