2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Jul 14, 2005 8:00 am Secretary of State

1. Entity Nam	MENT # N05993 MMODORE OWNERS ASSO	OCIATION, INC.				07	-14-2005	90080 050 **:	**61.25
Principal Plac 4715 THOM/ PANAMA CITY		Mailing Address 4715 THOMAS DRIV PANAMA CITY BEAC		08 US			90637		OU DIOURN ON OUR
2. Principal P	Place of Business	3. Mailing Address			1111				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			070120	005 Chg	-NP	CR2E037 (10/	03)
City & State		City & State			4. FEI N 59-	lumber 2502838		F	Applied For Not Applicable
Zip	Country	Zip	Zip Cou		5. Certificate of Status Desire			□ \$8.75 Fee Re	Additional
	6. Name and Address of Current	Registered Agent		I	_7. Name	e and Addre	ss of New R	egistered Agent	
				Name					
SMITH, CAROL D 409 BETH STREET PANAMA CITY BEACH, FL 32407				Street Address (P.O. Box Number is Not Acceptable)					
				City				FL Zip	Code
	named entity submits this statement folions of registered agent.	r the purpose of changing	its register	ed office or	registered agent,	or both, in th	e State of Flo	rida. I am familiar	with, and accept
SIGNATURE									
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Registere	d Agent signatu	ire required when reinstati	ing)		DATE	
	Stoneture, typed or printed name of registered agent Filling Fee is \$61.25 ue by September 7, 2005	9. Election	•	Financing	\$5.00 PAdded to	May Be		DATE ake check payal Ida Department	
	Filing Fee is \$61.25	9. Election Trust Fur	Campaign F	Financing tion.	\$5.00 Added to	May Be Fees	Flor	ake check paya	of State
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10. TITLE NAME STREET ADDRESS	Filing Fee is \$61.25 ue by September 7, 2005 OFFICERS AND DII P TERBOT, BILL 4715 THOMAS DR., #1210	9. Election Trust Fur RECTORS Delete	Campaign F nd Contribut 11. TITL NAW STRI CITY TITL NAW STRI	E KE EET ADDRESS (-ST-ZIP	ADDITION: D 5' Con 4008 7	May Be Fees S/CHANGES	Flor S TO OFFICE	ake check payal Ida Department RS AND DIRECTOR Check Ch	of State RS IN 10 ange Addition
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-4-05

850-234-8699

Daytime Phone #