


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 8:00 am
Secretary of State

04-28-2006 90211 016 ****61.25

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		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2502838	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
SMITH, CAROL D 409 BETH STREET PANAMA CITY BEACH, FL 32407			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	<input checked="" type="checkbox"/> Delete	TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERBOT, BILL		NAME	Martin, Roger	
STREET ADDRESS	4715 THOMAS DR., #1210		STREET ADDRESS	105 Rollingwood Circle	
CITY-ST-ZIP	PANAMA CITY BEACH, FL		CITY-ST-ZIP	Rome, GA 30165	
TITLE	P	<input type="checkbox"/> Delete	TITLE	✓	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, CAROL D		NAME	Adams, Bill	
STREET ADDRESS	409 BETH ST.		STREET ADDRESS	4715 Thomas Dr. # 608	
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32407		CITY-ST-ZIP	Panama City Beach, FL 32408	
TITLE	T	<input checked="" type="checkbox"/> Delete	TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTIN, ROGER		NAME	Terbot, Bill	
STREET ADDRESS	105 ROLLINGWOOD CIRCLE		STREET ADDRESS	4715 Thomas Dr. #1210	
CITY-ST-ZIP	ROME, GA 30165		CITY-ST-ZIP	Panama City Beach, FL 32408	
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	NICHOLS, ED		NAME	Honey, Margaret	
STREET ADDRESS	4715 THOMAS DR. #905		STREET ADDRESS	4715 Thomas Dr. # 109	
CITY-ST-ZIP	PANAMA CITY, FL 32408		CITY-ST-ZIP	Panama City Beach, FL 32408	
TITLE	VD	<input checked="" type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ADAMS, BILL		NAME	Clark, Pansy	
STREET ADDRESS	4715 THOMAS DR #608		STREET ADDRESS	1537 Victoria Woods Dr.	
CITY-ST-ZIP	PANAMA CITY BEACH, FL 32408		CITY-ST-ZIP	Hiawassee, GA 30546	
TITLE	D	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	O'CONNELL, WILLIAM		NAME	Emery, Cathy	
STREET ADDRESS	4008 TRITT HOMESTEAD		STREET ADDRESS	3692 Edenborough Place	
CITY-ST-ZIP	MARIETTA, GA 30062		CITY-ST-ZIP	Marietta, GA 30066	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Carol D Smith</u>			Date: <u>2-15-06</u>		Daytime Phone #: <u>850-234-8699</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					