

**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 06, 2008 8:00 am**  
**Secretary of State**

03-06-2008 90044 038 \*\*\*\*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

4000000-



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.

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

01082008 Chg-NP CR2E037 (12/06)

City & State

4. FEI Number  
 59-2502838

Applied For  
 Not Applicable

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 \_\_\_\_\_  
 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, 2008**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

T TERBOT, BILL 4715 THOMAS DR., #1210 PANAMA CITY BEACH, FL	<input type="checkbox"/> Delete
V ADAMS, BILL 4715 THOMAS DR. #608 PANAMA CITY, FL 32408	<input type="checkbox"/> Delete
P MARTIN, ROGER 105 ROLLINGWOOD CIRCLE ROME, GA 30165	<input type="checkbox"/> Delete
D HONEY, MARGARET 4715 THOMAS DR, STE 109 PANAMA CITY, FL 32408	<input checked="" type="checkbox"/> Delete
D DAVIS, RON 4715 THOMAS DR, STE 401 PANAMA CITY, FL 32408	<input type="checkbox"/> Delete
D O'CONNELL, WILLIAM 4008 TRITT HOMESTEAD MARIETTA, GA 30062	<input checked="" type="checkbox"/> Delete

D Terbot, Bill 4715 Thomas Dr. 1210 PCB, FL 32408	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
V/T Adams, Bill 4715 Thomas Dr PCB, FL 32408	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D Davis, Leland 4715 Thomas Dr. 1007 PCB, FL 32408	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D Kirkland, Jerry 85 Mink Hollow Dr. Carrollton, GA 30166	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D Nesseth, Linda 4715 Thomas Dr. 803 PCB, FL 32408	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: Ray S. Waller Secretary 3/5/08 850-234-8699  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #