

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05993

FILED
Jan 05, 2009
Secretary of State

Entity Name: THE COMMODORE OWNERS ASSOCIATION, INC.

Current Principal Place of Business:

4715 THOMAS DRIVE
PANAMA CITY BEACH, FL 32408 US

New Principal Place of Business:

Current Mailing Address:

4715 THOMAS DRIVE
PANAMA CITY BEACH, FL 32408 US

New Mailing Address:

FEI Number: 59-2502838 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: TERBOT, BILL
Address: 4715 THOMAS DR., #1210
City-St-Zip: PANAMA CITY, FL 32408

Title: VT () Delete
Name: ADAMS, BILL
Address: 4715 THOMAS DR. #608
City-St-Zip: PANAMA CITY, FL 32408

Title: P () Delete
Name: MARTIN, ROGER
Address: 105 ROLLINGWOOD CIRCLE
City-St-Zip: ROME, GA 30165

Title: D () Delete
Name: KIRKLAND, JERRY
Address: 85 MINK HOLLOW DR
City-St-Zip: CARROLTON, GA 30166

Title: D () Delete
Name: DAVIS, RON
Address: 4715 THOMAS DR, STE 401
City-St-Zip: PANAMA CITY, FL 32408

Title: D () Delete
Name: NESSETH, LINDA
Address: 4715 THOMAS DR 803
City-St-Zip: PANAMA CITY, FL 32408

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: DAVIS, LEE
Address: 4715 THOMAS DR., 1007
City-St-Zip: PANAMA CITY, FL 32408

Title: VP (X) Change () Addition
Name: ADAMS, BILL
Address: 4715 THOMAS DR. #608
City-St-Zip: PANAMA CITY, FL 32408

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: PATRICK, DAVID
Address: 224 VALLEY ROAD
City-St-Zip: NORCROSS, GA 30071

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BILL ADAMS

VP

01/05/2009

Electronic Signature of Signing Officer or Director

_____ Date