

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05993

FILED  
Jan 08, 2010  
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: VP  
Name: DAVIS, LEE  
Address: 4715 THOMAS DR., 1007  
City-St-Zip: PANAMA CITY, FL 32408

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

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

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

Title: D  
Name: EZELL, GEORGETTE  
Address: 8 PARTRIDGE LANE  
City-St-Zip: CLINTON, CT 06413

Title: D  
Name: NESSETH, LINDA  
Address: 14717 WILLIAMS STREET  
City-St-Zip: THORNTON, CO 80602

I hereby 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 all other like empowered.

SIGNATURE: CAROLD D. SMITH

CAM

01/08/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date