

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N22315** (8)

1. Corporation Name

COMMANDER OCEAN RESORT CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**3100 N. OCEAN DR.
SINGER ISLAND FL 33404**

**3100 N. OCEAN DR.
SINGER ISLAND FL 33404**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

07/07/1987

4. FEI Number

65-0259346

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

**GERSON, GARY N ESQ.
NASON, YEAGER, GERSON, WHITE & LIOCE, P.A.
1645 PALM BEACH LAKES BLVD., SUITE 1200
WEST PALM BEACH FL 33401**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **DP
SNOW, ROBERT**
STREET ADDRESS **3100 N. OCEAN DRIVE, SUITE 2D**
CITY-ST-ZIP **SINGER ISLAND FL 33404**

TITLE ☐ DELETE

NAME **DVP
BRAHMBHATT, YASHVANT**
STREET ADDRESS **3100 N. OCEAN DRIVE, SUITE 2D**
CITY-ST-ZIP **SINGER ISLAND FL 33404**

TITLE ☐ DELETE

NAME **DST
PARIKH, KANU**
STREET ADDRESS **3100 N. OCEAN DRIVE, SUITE 2D**
CITY-ST-ZIP **SINGER ISLAND FL 33404**

TITLE ☐ DELETE

NAME **D
BODIN, DENNIS**
STREET ADDRESS **2540 DANIEL JOHNSON, STE. 800**
CITY-ST-ZIP **LEVAL, QUEBEC, CANADA H7T -2S3**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Robert Snow

1/14/98

561-848-6810

CR2E037 (10/97)