

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05993

**Entity Name:** THE COMMODORE OWNERS ASSOCIATION, INC.

**Current Principal Place of Business:**

4715 THOMAS DRIVE  
PANAMA CITY BEACH, FL 32408

**Current Mailing Address:**

4715 THOMAS DRIVE  
PANAMA CITY BEACH, FL 32408 US

**FEI Number: 59-2502838**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

TOWNSEND, JOHN  
304 MAGNOLIA AVENUE  
PANAMA CITY, FL 32401 US

*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:** JOHN TOWNSEND

02/04/2021

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           TREASURER  
Name           MEADOR, DOUG  
Address        4715 THOMAS DRIVE #709  
City-State-Zip: PANAMA CITY BEACH FL 32408

Title           PRESIDENT  
Name           EZELL, GEORGETTE  
Address        4715 THOMAS DRIVE UNIT 501  
City-State-Zip: PANAMA CITY BEACH FL 32408

Title           VP, ACTING SECRETARY  
Name           WEATHERS, SHARON  
Address        22471 TIMBERWOOD DRIVE  
City-State-Zip: MCCALLA AL 35111

Title           DIRECTOR  
Name           KING, GEORGE  
Address        160 FORTVILLE RD  
City-State-Zip: GRAY GA 31032

Title           DIRECTOR  
Name           KNOFF, MICHELLE  
Address        1345 BLACKMON RD.  
City-State-Zip: GREEN COVE SPRINGS FL 32043

Title           DIRECTOR  
Name           ZITNIK, SHARON  
Address        25782 MADDEN ST.  
City-State-Zip: TAYLOR MI 48180

Title           DIRECTOR  
Name           NEWMAN, JOHN  
Address        649 SEA TURTLE WAY  
City-State-Zip: NEWPORT NEWS VA 23601

*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:** LYNN WALLS WALLS

ADMINISTRATIVE  
ASSISTANT

02/04/2021

Electronic Signature of Signing Officer/Director Detail

Date