2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05993

Entity Name: THE COMMODORE OWNERS ASSOCIATION, INC.

FILED Feb 06, 2024 Secretary of State 0188648128CC

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: Yes

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 02/06/2024

Electronic Signature of Registered Agent

Date

Date

Officer/Director Detail:

TitleTREASURERTitlePRESIDENTNameWEATHERS, SHARONNameTKATCH, DAVIDAddress22471 TIMBERWOOD DRAddress5591 GLEBE ROAD

City-State-Zip: MCCALLA AL 35111 City-State-Zip: WESTMORELAND NH 03467

Title **SECRETARY** Title VΡ Name PULLEN, JACKIE Name NEWMAN, JOHN Address 14 ASBURY LANE Address 15806 PRESTWOODS LANE OAK RIDGE TN 37830 City-State-Zip: **HUNTERSVILLE NC 28078** City-State-Zip:

Title DIRECTOR Title DIRECTOR

NamePROTSMAN, RONNameFELDMAN, JOHNAddress4715 THOMAS DR.
109Address5900 FALCON WAYCity-State-Zip:GULFORD IN 47022

City-State-Zip: City-State-Zip: PANAMA CITY BEACH FL 32408

Title DIRECTOR
Name BELL, MIKE

Address 1336 WOODMERE LN

City-State-Zip: OWENSBORO KY 42303

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: VICTORIA CARTER ADMIN 02/06/2024

Electronic Signature of Signing Officer/Director Detail