

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716816

FILED
Apr 07, 2007
Secretary of State

Entity Name: COMMODORE CLUB, UNIT 1, INC.

Current Principal Place of Business:

4306 ARNOLD AVENUE
NAPLES, FL 34104 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 110339
NAPLES, FL 34108

New Mailing Address:

FEI Number: 59-1311757

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KUETER, BEVERLY
4306 ARNOLD AVENUE
NAPLES, FL 34104 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: DVP () Delete
Name: TRIHY, JIM
Address: 222 HARBOUR DR., #404
City-St-Zip: NAPLES, FL 34103

Title: DP () Delete
Name: GROVER, BILLY
Address: 222 HARBOUR DR
City-St-Zip: NAPLES, FL 34103

Title: DT () Delete
Name: DAVIS, LEROY
Address: 222 HARBOUR DR
City-St-Zip: NAPLES, FL 34103

Title: D () Delete
Name: DEYOUNG, BRUCE
Address: 222 HARBOUR DR, # 302
City-St-Zip: NAPLES, FL 34103

Title: D () Delete
Name: CARSTENSEN, HELEN
Address: 222 HARBOUR DR, # 418
City-St-Zip: NAPLES, FL 34103

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: DP (X) Change () Addition
Name: GROVER, BILLY
Address: 222 HARBOUR DR #412
City-St-Zip: NAPLES, FL 34103

Title: T (X) Change () Addition
Name: BURKE, AL
Address: 222 HARBOUR DR #210
City-St-Zip: NAPLES, FL 34103

Title: DS (X) Change () Addition
Name: DODD, RUTH
Address: 222 HARBOUR DR, # 410
City-St-Zip: NAPLES, FL 34103

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

Title: D () Change (X) Addition
Name: DAVIS, LEROY
Address: 222 HARBOUR DR. #314
City-St-Zip: NAPLES, FL 34103

I hereby certify that the information supplied with this filing does not qualify for the 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: BILLY GROVER

DP

04/07/2007

Electronic Signature of Signing Officer or Director

Date