

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 716817

FILED
Apr 15, 2009
Secretary of State

Entity Name: COMMODORE CLUB UNIT II, INC.

Current Principal Place of Business:

C/O RESORT MGMT
2685 HORSESHOE DR. S. #215
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

C/O RESORT MGMT
2685 HORSESHOE DR. S. #215
NAPLES, FL 34104

New Mailing Address:

FEI Number: 59-1535716

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORRIER, JEFFERY
6017 PINE RIDGE RD. #225
NAPLES, FL 34119 US

Name and Address of New Registered Agent:

BECKER & POLIAKOFF, P.A.
999 VANDERBILT BEACH RD
SUITE 501
NAPLES, FL 34108 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: BECKER & POLIAKOFF

04/15/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JENNEKINE, RICK
Address: 222-501 HARBOUR DRIVE
City-St-Zip: NAPLES, FL 34103

Title: ST () Delete
Name: CARRIER, JEFFERY L
Address: 6017 PINE RIDGE RD #225
City-St-Zip: NAPLES, FL 34119

Title: DVP () Delete
Name: AYLES, DUNCAN
Address: 222 HARBOUR DR. #101
City-St-Zip: NAPLES, FL 34103

Title: D () Delete
Name: SHOY, MELVIN
Address: 222-301 HARBOUR DRIVE
City-St-Zip: NAPLES, FL 34103

Title: DP () Delete
Name: ROY, BARBARA
Address: 222 HARBOUR DR #403
City-St-Zip: NAPLES, FL 34103

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: JENNEWINE, RICK
Address: 222-501 HARBOUR DRIVE
City-St-Zip: NAPLES, FL 34103

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

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

Title: D (X) Change () Addition
Name: SHAY, MELVIN
Address: 222-301 HARBOUR DRIVE
City-St-Zip: NAPLES, FL 34103

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

I hereby certify that the information supplied with this filing does not qualify 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: JEFFERY CARRIER

ST

04/15/2009

Electronic Signature of Signing Officer or Director

Date