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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **732498** **(1)**

1. Corporation Name

COMMODORES COVE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
5020 BAYSHORE BLVD. TAMPA FL 33611	5020 BAYSHORE BLVD. TAMPA FL 33611

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/18/1975
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-1778018 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

9. Name and Address of Current Registered Agent

THE TONI EVERETT COMPANY
5000 BAYSHORE BLVD
TAMPA FL 33611

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P/DIRECTOR	11 TITLE	President/DIRECTOR	☒ Change ☐ Addition
NAME	APELL, HARRY	12 NAME	Malcolm Westly	
STREET ADDRESS	5020 BAYSHORE BLVD., #803	13 STREET ADDRESS	5020 Bayshore Blvd., #304	
CITY-ST-ZIP	TAMPA FL	14 CITY-ST-ZIP	Tampa, Florida 33611	
TITLE	TD	21 TITLE		☐ Change ☐ Addition
NAME	SMITH, ARMIN	22 NAME		
STREET ADDRESS	5020 BAYSHORE #603	23 STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 00000	24 CITY-ST-ZIP		
TITLE	S/D	31 TITLE	Secretary/DIRECTOR	☒ Change ☐ Addition
NAME	HARDMAN, MARTHA C.	32 NAME	Florence Murphy	
STREET ADDRESS	5020 BAYSHORE	33 STREET ADDRESS	5020 Bayshore Blvd., #302	
CITY-ST-ZIP	TAMPA FL	34 CITY-ST-ZIP	Tampa, Florida 33611	
TITLE		41 TITLE	Vice President/DIRECTOR	☐ Change ☒ Addition
NAME		42 NAME	Helen Rigdon	
STREET ADDRESS		43 STREET ADDRESS	5020 Bayshore Blvd., 705	
CITY-ST-ZIP		44 CITY-ST-ZIP	Tampa, Florida 33611	
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

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14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Malcolm Westly 4/18/95 837-2888
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0014100