

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 732498 (1)
1. Corporation Name
COMMODORES COVE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business: 5020 BAYSHORE BLVD.
TAMPA FL 33611
Mailing Address: 5000 BAYSHORE BLVD.
~~5020 BAYSHORE BLVD.~~
TAMPA FL 33611

| | |
|---|---------------------------------------|
| 3. Date Incorporated or Qualified 04/18/1975 | 3a. Date of Last Report 05/01/1995 |
| 4. FEI Number 59-1778018 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | |

| | | |
|--|---|----|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 | 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 | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *[Signature]*
Signature, typed or printed name of registered agent and date if applicable.

(NOTE: Registered Agent signature required when reinstating)

2/21/96

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------|---|-------------------------|
| TITLE | PD | 1.1 TITLE | PD |
| NAME | WESTLY, MALCOLM | 1.2 NAME | MALCOLM WESTLY |
| STREET ADDRESS | 5020 BAYSHORE BLVD., #304 | 1.3 STREET ADDRESS | 5020 BAYSHORE BLVD #304 |
| CITY-ST-ZIP | TAMPA FL 33611 | 1.4 CITY-ST-ZIP | TAMPA FL 33611 |
| TITLE | TD | 2.1 TITLE | TREASURER (D) |
| NAME | SMITH, ARMIN | 2.2 NAME | DAN JOHNSON |
| STREET ADDRESS | 5020 BAYSHORE #603 | 2.3 STREET ADDRESS | 5020 BAYSHORE #601 |
| CITY-ST-ZIP | TAMPA FL 00000 | 2.4 CITY-ST-ZIP | TAMPA FL 33611 |
| TITLE | S | 3.1 TITLE | SD |
| NAME | MURPHY, FLORENCE | 3.2 NAME | FLORENCE MURPHY |
| STREET ADDRESS | 5020 BAYSHORE BLVD. #302 | 3.3 STREET ADDRESS | 5020 BAYSHORE BLVD #302 |
| CITY-ST-ZIP | TAMPA FL 33611 | 3.4 CITY-ST-ZIP | TAMPA FL 33611 |
| TITLE | VPD | 4.1 TITLE | DIRECTOR (D) |
| NAME | RIGDON, HELEN | 4.2 NAME | HELEN RIGDON |
| STREET ADDRESS | 5020 BAYSHORE BLVD. #705 | 4.3 STREET ADDRESS | 5020 BAYSHORE #705 |
| CITY-ST-ZIP | TAMPA FL 33611 | 4.4 CITY-ST-ZIP | TAMPA FL 33611 |
| TITLE | | 5.1 TITLE | VICE PRESIDENT (D) |
| NAME | | 5.2 NAME | ANGUS WILLIAMS |
| STREET ADDRESS | | 5.3 STREET ADDRESS | 5020 BAYSHORE #405 |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | TAMPA FL 33611 |
| TITLE | | 6.1 TITLE | 500001748688 |
| NAME | | 6.2 NAME | -03/19/96--01028--034 |
| STREET ADDRESS | | 6.3 STREET ADDRESS | ***61.25 |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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)(k), 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: *[Signature]*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/96 813-839-5000
Date Daytime Phone #

CR2E037 (12/95)