

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 03 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA 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 336115000 BAYSHORE BLVD
TAMPA FL 33611-38243. Date Incorporated or Qualified
04/18/19753a. Date of Last Report
03/18/19964. FEI Number
59-1778018Applied For
Not Applicable5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐ \$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE TONI EVERETT COMPANY
5000 BAYSHORE BLVD
TAMPA FL 33611

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 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, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	WESTLY, MALCOLM	
STREET ADDRESS	5020 BAYSHORE BLVD., #304	
CITY - ST - ZIP	TAMPA FL 33611	

11 TITLE	PRESIDENT / DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	MARILYN WESTLY	
13 STREET ADDRESS	5020 BAYSHORE BLVD. #304	
14 CITY - ST - ZIP	TAMPA, FL 33611	

TITLE	TD	<input type="checkbox"/> DELETE
NAME	JOHNSON, DAN	
STREET ADDRESS	5020 BAYSHORE #601	
CITY - ST - ZIP	TAMPA FL 33611	

21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS		
24 CITY - ST - ZIP		

TITLE	SD	<input type="checkbox"/> DELETE
NAME	MURPHY, FLORENCE	
STREET ADDRESS	5020 BAYSHORE BLVD. #302	
CITY - ST - ZIP	TAMPA FL 33611	

31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY - ST - ZIP		

TITLE	D	<input type="checkbox"/> DELETE
NAME	RIGDON, HELEN	
STREET ADDRESS	5020 BAYSHORE BLVD. #705	
CITY - ST - ZIP	TAMPA FL 33611	

41 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
42 NAME	MARION WOOTEN	
43 STREET ADDRESS	5020 BAYSHORE #105	
44 CITY - ST - ZIP	TAMPA, FL 33611	

TITLE	VP	<input type="checkbox"/> DELETE
NAME	WILLIAMS, ANGUS	
STREET ADDRESS	5020 BAYSHORE #405	
CITY - ST - ZIP	TAMPA FL 33611	

51 TITLE	V.P. / DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	ED HARDMAN	
53 STREET ADDRESS	5020 BAYSHORE #501	
54 CITY - ST - ZIP	TAMPA, FL 33611	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

61 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
62 NAME	ROYAL SORESENSEN	
63 STREET ADDRESS	5020 BAYSHORE #702	
64 CITY - ST - ZIP	TAMPA FL 33611	

14. I do hereby certify that the information supplied with this filing 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: Florence G. Murphy, Secretary 1/27/97 (813) 839-5000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0047881

CR2E037 (9/96)