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FILED

May 14 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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. 5000 BAYSHORE BLVD  
TAMPA FL 33611 TAMPA FL 33611

3. Date Incorporated or Qualified

04/18/1975

4. FEI Number

59-1778018

Applied For

Not Applicable

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 115 50 Dale Mabey Suite #300

City & State

23 Tampa, Florida

Zip

24 33609

Country

25 U.S.

2a. Mailing Address

26

Suite, Apt. #, etc.

27 115 50 Dale Mabey Suite #300

City & State

28 Tampa, Florida

Zip

29 33609

Country

30 U.S.

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. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐

Yes

☐

No

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)

83 115 50 Dale Mabey Suite #300

84 City

Tampa

FL

85 Zip Code

33609

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

TITLE PD ☐ DELETE

NAME WESTLY, MARILYN  
STREET ADDRESS 5020 BAYSHORE BLVD., #304  
CITY-ST-ZIP TAMPA FL

TITLE TD ☐ DELETE

NAME JOHNSON, DAN  
STREET ADDRESS 5020 BAYSHORE #601  
CITY-ST-ZIP TAMPA FL 33611

TITLE SD ☒ DELETE

NAME MURPHY, FLORENCE  
STREET ADDRESS 5020 BAYSHOREBLVD. #302  
CITY-ST-ZIP TAMPA FL 33611

TITLE D ☒ DELETE

NAME WOOTEN, MARION  
STREET ADDRESS 5020 BAYSHORE #105  
CITY-ST-ZIP TAMPA FL

TITLE VPD ☐ DELETE

NAME HARDMAN, ED  
STREET ADDRESS 5020 BAYSHORE #501  
CITY-ST-ZIP TAMPA FL

TITLE D ☐ DELETE

NAME SORESENSEN, ROYAL  
STREET ADDRESS 5020 BAYSHORE #702  
CITY-ST-ZIP TAMPA FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

KAY PETERSON SD  
5020 BAYSHORE BLVD. #301  
TAMPA, FLORIDA 33611

MELVIN SMITH D  
5020 BAYSHORE BLVD. #205  
TAMPA, FL. 33611

PD ☒ Change ☐ Addition

UD ☒ Change ☐ Addition

14. I 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.

CP2E037 (10/97)