

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90081 049 ****70.00

DOCUMENT # 732498

1. Corporation Name

COMMODORES COVE CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business

115 S DALE MABRY SUITE
SUITE 300
TAMPA FL 33609
US

Mailing Address

115 S DALE MABRY
SUITE 300
TAMPA FL 33609
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

04/18/1975

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

9. Name and Address of Current Registered Agent

THE TONI EVERETT COMPANY
115 S DALE MABRY
SUITE 300
TAMPA FL 33609

10. Name and Address of New Registered Agent

81 Name Unique Property Service Inc.
82 Street Address (P.O. Box Number is Not Acceptable)
83 SAME
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 date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ 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 PETERSON, KAY
STREET ADDRESS 5020 BAYSHORE BLVD, SUITE 301
CITY-ST-ZIP TAMPA FL 33611

TITLE D ☒ DELETE
NAME SMITH, MELBIN
STREET ADDRESS 5020 BAYSHORE BLVD, SUITE 205
CITY-ST-ZIP TAMPA FL 33611

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

TITLE VD ☐ DELETE
NAME SORENSEN, 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

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, with all other like empowered.

SIGNATURE:

SIGNATURE OF REGISTERED AGENT

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)