

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 22, 2004 8:00 am
Secretary of State

03-22-2004 90070 018 ****70.00

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1. Entity Name
COMMODORES COVE CONDOMINIUM ASSOCIATION, INC.



Principal Place of Business
**1207 N HIMES AVE
STE 3
TAMPA, FL 33607 US**

Mailing Address
**1207 N HIMES AVE
STE 3
TAMPA, FL 33607 US**

24026431



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02022004 Chg-NP CR2E037 (10/03)

4. FEI Number
59-1778018

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**UNIQUE PROPERTY SERVICE, INC.
1207 N HIMES AVE
STE 3
TAMPA, FL 33607**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
SANDERS, SUSAN
5020 BAYSHORE BLVD #703
TAMPA, FL 33611 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PD
PETERSON, JOHN
5020 BAYSHORE BLVD #301
TAMPA, FL 33611 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
WESTLY, MARYLIN
5020 BAYSHORE BLVD #304
TAMPA, FL 33611 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
TRUSCOTT, MICHAEL
5020 BAYSHORE BLVD., #404
TAMPA, FL 33611 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
VOSS, ANNE B
5020 BAYSHORE BLVD #401
TAMPA, FL 33611 ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
Laura Blake
5020 Bayshore Blvd. #803
Tampa, FL 33611 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
John C. Mills Jr.
5020 Bayshore Blvd #505
Tampa, FL 33611 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD ☒ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address or other like empowered.

SIGNATURE:

Dan R. Johnson
DAN R. JOHNSON

3/17/04

813-837-3188

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #