2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005
Secretary of State

DOCUMENT# 732498

Entity Name: COMMODORES COVE CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

1207 N HIMES AVE
STE 3
TAMPA, FL 33607 US

New Principal Place of Business:

Current Mailing Address:

1207 N HIMES AVE
STE 3
TAMPA, FL 33607 US

New Mailing Address:

FEI Number: 59-1778018 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	TD	( ) Delete
Name:	JOHNSON, DAN	
Address:	5020 BAYSHORE #601	
City-St-Zip:	TAMPA, FL 33611	
Title:	D	( ) Delete
Name:	BLAKE, LAURA	
Address:	5020 BAYSHORE BLVD., #803	
City-St-Zip:	TAMPA, FL 33611	
Title:	PD	( ) Delete
Name:	PETERSON, JOHN	
Address:	5020 BAYSHORE	
City-St-Zip:	TAMPA, FL 33611	
Title:	VD	( ) Delete
Name:	WESTLY, MARYLIN	
Address:	5020 BAYSHORE BLVD #304	
City-St-Zip:	TAMPA, FL 33611	
Title:	D	( ) Delete
Name:	TRUSCOTT, MICHAEL	
Address:	5020 BAYSHORE BLVD., #404	
City-St-Zip:	TAMPA, FL 33611	
Title:	D	( ) Delete
Name:	VOSS, ANNE B	
Address:	5020 BAYSHORE BLVD	
City-St-Zip:	TAMPA, FL 33611	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOHN PETERSON PD 04/30/2005
Electronic Signature of Signing Officer or Director — Date