

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732498

FILED
Apr 07, 2008
Secretary of State

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: MILLS, JOHN
Address: 5020 BAYSHORE BLVD #505
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: D (X) Change () Addition
Name: TRIESCHMANN, MARY
Address: 5020 BAYSHORE BLVD #502
City-St-Zip: TAMPA, FL 33611

Title: VD (X) Change () Addition
Name: TRUSCOTT, MICHAEL
Address: 5020 BAYSHORE BLVD., #404
City-St-Zip: TAMPA, FL 33611

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: DAVID KRUG

RA

04/07/2008

Electronic Signature of Signing Officer or Director

Date