

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732498

FILED  
May 01, 2009  
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 ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

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

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: D ( ) Delete  
Name: TRIESCHMANN, MARY  
Address: 5020 BAYSHORE BLVD #502  
City-St-Zip: TAMPA, FL 33611

Title: VD ( ) 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: SD (X) Change ( ) Addition  
Name: PLYLER, HARRIET  
Address: 5020 BAYSHORE BLVD., #501  
City-St-Zip: TAMPA, FL 33611

Title: PD (X) Change ( ) Addition  
Name: VOSS, ANNE  
Address: 5020 BAYSHORE #401  
City-St-Zip: TAMPA, FL 33611

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 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: ANNE VOSS

PD

05/01/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date