

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 21, 2003 8:00 am
Secretary of State

04-21-2003 90376 041 *****70.00

DOCUMENT # 732498

1. Entity 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

1207 N Himes AVE

3. Mailing Address

1207 N Himes AVE

Suite, Apt. #, etc.

Suite 30

Suite, Apt. #, etc.

Suite 3

City & State

TAMPA, FL

City & State

TAMPA, FL

Zip

33607

Country

Zip

33607

Country



☒ CHECK HERE IF MAKING CHANGES

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.
115 S. DALE MABRY
SUITE 300
TAMPA FL 33609**

7. Name and Address of New Registered Agent

Name

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

1207 N Himes AVE

Suite 3

City **TAMPA**

FL

Zip Code

33607

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

4/17/03

FILE NOW: FEE IS \$61.25

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	TD	<input type="checkbox"/> Delete
NAME	JOHNSON, DAN	
STREET ADDRESS	5020 BAYSHORE #601	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	SD	<input type="checkbox"/> Delete
NAME	SANDERS, SUSAN	
STREET ADDRESS	5020 BAYSHORE BLVD #703	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PETERSON, JOHN	
STREET ADDRESS	5020 BAYSHORE	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	PD	<input type="checkbox"/> Delete
NAME	WESTLY, MARYLIN	
STREET ADDRESS	5020 BAYSHORE BLVD #304	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	VD	<input type="checkbox"/> Delete
NAME	PETERSON, JOHN	
STREET ADDRESS	5020 BAYSHORE	
CITY-ST-ZIP	TAMPA FL 33611	
TITLE	D	<input type="checkbox"/> Delete
NAME	SORENSEN, BETTY	
STREET ADDRESS	5020 BAYSHORE BLVD	
CITY-ST-ZIP	TAMPA FL 33611	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANNE B. VOSS	
STREET ADDRESS	5020 BAYSHORE BLVD #401	
CITY-ST-ZIP	TAMPA, FL 33611	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LAURA BLAKE	
STREET ADDRESS	5020 BAYSHORE BLVD #803	
CITY-ST-ZIP	TAMPA, FL 33611	
TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MICHAEL TRUSCOTT	
STREET ADDRESS	5020 BAYSHORE BLVD #404	
CITY-ST-ZIP	TAMPA, FL 33611	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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, with all other like empowered.

SIGNATURE:

JOHN R. PETERSON 4-15-03 813-879-1139

CR2E037 (10/02)