

**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

004403

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



CHECK HERE IF MAKING CHANGES

Zip
33607

Country

Zip
33607

Country

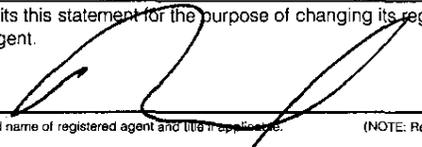
4. FEI Number **59-1778018**

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
UNIQUE PROPERTY SERVICE, INC. 115 S. DALE MABRY SUITE 300 TAMPA FL 33609	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  DATE **4/17/03**

Signature, typed or printed name of registered agent and title in parentheses. (NOTE: Registered Agent signature required when reinstating)

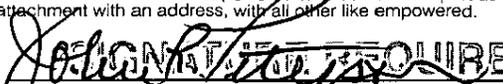
FILE NOW: FEE IS \$61.25

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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD JOHNSON, DAN 5020 BAYSHORE #601 TAMPA FL 33611 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANNE B. VOSS 5020 BAYSHORE BLVD #401 TAMPA, FL 33611 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SANDERS, SUSAN 5020 BAYSHORE BLVD #703 TAMPA FL 33611 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAURA BLAKE 5020 BAYSHORE BLVD #803 TAMPA, FL 33611 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PETERSON, JOHN 5020 BAYSHORE TAMPA FL 33611 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WESTLY, MARYLIN 5020 BAYSHORE BLVD #304 TAMPA FL 33611 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD PETERSON, JOHN 5020 BAYSHORE TAMPA FL 33611 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MICHAEL TRUSCOTT 5020 BAYSHORE BLVD #404 TAMPA, FL 33611 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SORENSEN, BETTY 5020 BAYSHORE BLVD TAMPA FL 33611 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE:  **JOHN R. PETERSON 4-15-03 813-879-1139**

CR2E037 (10/02)