FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 MAY -1 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **738253** **(4)**

1. Corporation Name

COMMODORE I CONDOMINIUM ASSOCIATION, INC.

Principal Place of Business	Mailing Address
4211 SE 19TH PLACE CAPE CORAL FL 33904 US	4211 SE 19TH PLACE CAPE CORAL FL 33904 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **03/03/1977**
3a. Date of Last Report: **01/25/1994**
4. FEI Number: **59-1868999** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21
22 Suite, Apt. #, etc.
23 City & State
24 Zip 25 Country

2a. Mailing Address
26
27 Suite, Apt. #, etc.
28 City & State
29 Zip 30 Country

9. Name and Address of Current Registered Agent

COTTRELL, JAMES L.
1633 SE 47TH TERRACE
CAPE CORAL FL 33904

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P D	11 TITLE	☐ Change ☐ Addition
NAME	COLTER, HARRY	12 NAME	
STREET ADDRESS	4211 SE 19TH PLACE, #1-A	13 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL, FL 00000	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	SULLIVAN, JOHN	22 NAME	
STREET ADDRESS	4211 SE 19TH PLACE, 1-F	23 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL, FL 00000	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	DANGELO, ANGELO	32 NAME	
STREET ADDRESS	4213 SE 19TH PLACE 2J	33 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL FL	34 CITY-ST-ZIP	
TITLE	S D	41 TITLE	☐ Change ☐ Addition
NAME	SCHARLAU, BARBARA	42 NAME	
STREET ADDRESS	4211 SE 19 PL, APT 1-B	43 STREET ADDRESS	
CITY-ST-ZIP	CAPE CORAL, FL 00000	44 CITY-ST-ZIP	
TITLE	TD	51 TITLE	TREASURER TD ☒ Change ☐ Addition
NAME	ROSS, JOHN	52 NAME	LOIS A. BASOM
STREET ADDRESS	4211 SE 19TH PL., 1-E	53 STREET ADDRESS	4211 SE 19TH PL, 1-C
CITY-ST-ZIP	CAPE CORAL, FL 00000	54 CITY-ST-ZIP	CAPE CORAL, FL
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lois A. Basom — Lois A. Basom 4/10/95 813-540-4295
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — Date — Daytime Phone #

0018909