


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2007 8:00 am
Secretary of State

05-03-2007 90032 024 ****61.25

DOCUMENT # 738253		
1. Entity Name COMMODORE I CONDOMINIUM ASSOCIATION, INC.		

Principal Place of Business 4211 SE 19TH PLACE CAPE CORAL, FL 33904 US	Mailing Address 4002 DEL PRADO BLVD. CAPE CORAL, FL 33904 US
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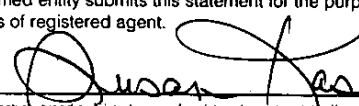
2. Principal Place of Business - No P.O. Box #	3. Mailing Address 615 CAPE CORAL PKWY W # 103
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State CAPE CORAL, FL
Zip	Zip 33914
Country	Country US



01122007 Chg-NP CR2E037 (12/06)

4. FEI Number 59-1868999	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARDWICK, JO 4002 DEL PRADO BLVD CAPE CORAL, FL 33904	
7. Name and Address of New Registered Agent Name: AMERICAN CONDOMINIUM MGT, INC Street Address (P.O. Box Number is Not Acceptable): SUSAN TASE, CMA 615 CAPE CORAL PKWY W, #103 City: CAPE CORAL FL Zip Code: 33914	

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.

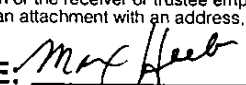
SIGNATURE:  SUSAN TASE 4/23/07

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HARDWICK, JO 4002 DEL PRADO BLVD. CAPE CORAL, FL 33904 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GLORIA TATE 261 BAY SHORE DR CAPE CORAL, FL 33904 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD HEEB, MAX 4213 SE 19TH PLACE # 2G CAPE CORAL, FL 33904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD PEARSON, RAYMOND 4211 SE 19TH PL 1G CAPE CORAL, FL 33904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD PALMIERI, JOHN 4211 SE 19TH PL #2D CAPE CORAL, FL 33904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD TRAPP JOHN, 4213 SE 19TH PL2H CAPE CORAL, FL 33904 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD MAC RAE JAMES 4211 SE 19TH PLACE <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD MAC RAE 4211 SE 19TH PL 2C CAPE CORAL, FL 33904 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  MAX HEEB VP 4/23/07 239-542-4404

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR