

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738253

FILED
Apr 27, 2009
Secretary of State

Entity Name: COMMODORE I CONDOMINIUM ASSOCIATION, INC.

Current Principal Place of Business:

C/O AMERICAN CONDO MGMT, INC.
615 CAPE CORAL PKWY W, #103
CAPE CORAL, FL 33914 US

New Principal Place of Business:

Current Mailing Address:

615 CAPE CORAL PKWY WEST
#103
CAPE CORAL, FL 33914 US

New Mailing Address:

FEI Number: 59-1868999 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AMERICAN CONDO MGMT., INC
SUSAN KASE CAM
615 CAPE CORAL PKWY WEST, #103
CAPE CORAL, FL 33914 US

Name and Address of New Registered Agent:

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: PD () Delete
Name: TATE, GLORIA
Address: 261 BAY SHORE DR
City-St-Zip: CAPE CORAL, FL 33904

Title: VPD () Delete
Name: HEEB, MAX
Address: 4213 SE 19TH PLACE # 2G
City-St-Zip: CAPE CORAL, FL 33904

Title: VPD () Delete
Name: PEARSON, RAYMOND
Address: 4211 SE 19TH PL 1G
City-St-Zip: CAPE CORAL, FL 33904

Title: SD () Delete
Name: PALMIERI, JOHN
Address: 4211 SE 19TH PL #2D
City-St-Zip: CAPE CORAL, FL 33904

Title: TD () Delete
Name: MACRAE, JAMES
Address: 4211 SE 19TH PL 2E
City-St-Zip: CAPE CORAL, FL 33904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: COCHRAN, DON
Address: 5219 SW 2ND PLACE
City-St-Zip: CAPE CORAL, FL 33914

Title: S (X) Change () Addition
Name: SCHICK, LILIAN
Address: 4213 SE 19TH PLACE #1 I
City-St-Zip: CAPE CORAL, FL 33904

Title: T (X) Change () Addition
Name: MACRAE, JAMES
Address: 4211 SE 19TH PL 2E
City-St-Zip: CAPE CORAL, FL 33904

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: GLORIA TATE

Electronic Signature of Signing Officer or Director

PRES

04/27/2009

_____ Date