

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 738253

FILED
Apr 19, 2011
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: D
Name: HEEB, MAX
Address: 4213 SE 19TH PLACE # 2G
City-St-Zip: CAPE CORAL, FL 33904

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

Title: T
Name: MACRAE, JIM
Address: 4211 SE 19TH PL 2E
City-St-Zip: CAPE CORAL, FL 33904

Title: VP
Name: TURCOTTE, CAROL
Address: 4211 SE 19TH PL 1F
City-St-Zip: CAPE CORAL, FL 33904

Title: P
Name: DISMUKES, JASON
Address: 4211 SE 19TH PL 1E
City-St-Zip: CAPE CORAL, FL 33904

I hereby 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 all other like empowered.

SIGNATURE: JASON DISMUKES

PRES

04/19/2011

Electronic Signature of Signing Officer or Director

Date