

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **742924**

(4)

1. Corporation Name

**COMMODORE CLUB CONDOMINIUM ASSOCIATION OF BURNT
STORE MARINA, INC.**

800001786598
-04/19/96--01012--042
***61.25



Principal Place of Business

Mailing Address

**9 PIRATES LANE
PUNTA GORDA FL 33955**

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PUNTA GORDA FL 33955**

3. Date Incorporated or Qualified
05/19/1978

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

59-2014947

Applied For

Not Applicable

22

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

23

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

24

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MEREDITH, DEBRA K
3160 MATECUMBE KEY RD
13515 BELL TOWN DR., STE. 101
PUNTA GORDA FL 33955**

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when renouncing)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**PT
HOBART PARKER
1610 ISLAMORADA #61-B
PUNTA GORDA FL**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**D
MOYER, WILLIS
POST OFFICE BOX 578 N/A
ST MICHAELS MD**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ DELETE

**S
ROBERT TARDELLA
3 PIRATE'S LANE, #34-C
PUNTA GORDA FL**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☒ DELETE

**VP
HARLAN, BRUCE
4 PIRATES LN 44B
PUNTA DORDA FL**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**D
STEITZ, WILLIAM
3 PIEATE'S LANE #33-A
PUNTA GORDA FL**

TITLE NAME STREET ADDRESS CITY-ST-ZIP ☐ DELETE

**DP
JAMES HOSTY
1600 ISLAMORADA #72-B
PUNTA GORDA FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP ☒ Change ☐ Addition

**DT
Hobart Parker
1610 Islamorada #61-B
Punta Gorda, FL**

21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP ☐ Change ☐ Addition

**D
Willis Moyer
P.O. Box 578 N/A
St. Michaels, MD**

31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP ☐ Change ☒ Addition

**DVP
Herb Oyer
3 Pirates Lane #33-A
Punta Gorda, FL**

41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP ☐ Change ☒ Addition

**D
Fred Wuensch
3 Pirates Lane #33-B
Punta Gorda, FL**

51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP ☒ Change ☐ Addition

**DS
William Steitz
3 Pirates Lane #33-A
Punta Gorda, FL**

61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP ☐ Change ☐ Addition

**DP
James Hosty
1600 Islamorada #72-B
Punta Gorda, FL**

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)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)