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Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 742924

1. Corporation Name

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

Principal Place of Business

9 PIRATES LANE
PUNTA GORDA FL 33955

Mailing Address

9 PIRATES LANE
PUNTA GORDA FL 33955



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

30

3. Date Incorporated or Qualified

05/19/1978

4. FEI Number

59-2014947

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

9. Name and Address of Current Registered Agent

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

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 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ~~PD~~ **TD** ☐ DELETE
NAME **KING, RONALD**
STREET ADDRESS **1610 ISLAMORADA SUITE 63C**
CITY-ST-ZIP **PUNTA GORDA FL 33955**

TITLE **SD** ☒ DELETE
NAME **MCKINNON, KAY**
STREET ADDRESS **1610 ISLAMORADA SUITE 62C**
CITY-ST-ZIP **PUNTA GORDA FL 32955**

TITLE **D** ☒ DELETE
NAME **BROWN, ROUCE**
STREET ADDRESS **3 PIRATES LN SUITE 32C**
CITY-ST-ZIP **PUNTA GORDA FL 32955**

TITLE **PD** ☒ DELETE
NAME **HOSTY, JANET**
STREET ADDRESS **1600 ISLAMORADA BLVD #72-B**
CITY-ST-ZIP **PUNTA GORDA FL 33955**

TITLE **D** ☒ DELETE
NAME **BLACKA, EDWARD**
STREET ADDRESS **1 PIRATES LANE #14-A**
CITY-ST-ZIP **PUNTA GORDA FL 33955**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☐ Change ☒ Addition
NAME **Weersing, Shirley**
1.2 NAME **1600 Islamorada Blvd. 71A**
1.3 STREET ADDRESS **Punta Gorda FL 33955**
1.4 CITY-ST-ZIP

2.1 TITLE **VD** ☐ Change ☒ Addition
NAME **Lehman, Lou**
2.2 NAME **2 Pirates Lane #22A**
2.3 STREET ADDRESS **Punta Gorda FL 33955**
2.4 CITY-ST-ZIP

3.1 TITLE **SD** ☐ Change ☒ Addition
NAME **Kopsack, Joyce**
3.2 NAME **1600 Islamorada Blvd. #72C**
3.3 STREET ADDRESS **Punta Gorda, FL 33955**
3.4 CITY-ST-ZIP

4.1 TITLE **D** ☐ Change ☒ Addition
NAME **Floss, Walter**
4.2 NAME **3 Pirates Lane #32A**
4.3 STREET ADDRESS **Punta Gorda, FL 33955**
4.4 CITY-ST-ZIP

5.1 TITLE **D** ☐ Change ☒ Addition
NAME **Hahn, Jerry**
5.2 NAME **1618 Islamorada #61C**
5.3 STREET ADDRESS **Punta Gorda, FL 33955**
5.4 CITY-ST-ZIP

6.1 TITLE **D** ☐ Change ☒ Addition
NAME **Wiek, Don**
6.2 NAME **4 Pirates Lane #44B**
6.3 STREET ADDRESS **Punta Gorda, FL 33955**
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: Shirley Weersing **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-22-99 (941-505-0023)

Date

Daytime Phone #

CR2E037 (11/98)