

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90089 007 ****61.25

DOCUMENT # 742924

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



Principal Place of Business
**23081 HARBORVIEW ROAD, 2ND FLOOR
PORT CHARLOTTE, FL 33980**

Mailing Address
**P.O. BOX 380758
MURDOCK, FL 33938**

40041210



01102006 Chg-NP CR2E037 (11/05)

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number
59-2014947

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WISHARD, KRISTINE
23081 HARBORVIEW ROAD, 2ND FLOOR
PORT CHARLOTTE, FL 33980**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make check payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	PARKER, HOBART	
STREET ADDRESS	1610 ISLAMORADA #61B	
CITY - ST - ZIP	PUNTA GORDA, FL 33955	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	VANDERSLICE, JOHN	
STREET ADDRESS	1 PIRATES LANE #12C	
CITY - ST - ZIP	PUNTA GORDA, FL 33955	
TITLE	SD	<input type="checkbox"/> Delete
NAME	BASINGER, SUSAN	
STREET ADDRESS	4 PIRATE'S LANE #41A	
CITY - ST - ZIP	PUNTA GORDA, FL 33955	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MCKINNON, KAY	
STREET ADDRESS	1610 ISLAMORADA #72C	
CITY - ST - ZIP	PUNTA GORDA, FL 33955	
TITLE	VD	<input type="checkbox"/> Delete
NAME	LEHMAN, LOU	
STREET ADDRESS	2 PIRATE'S LANE #22A	
CITY - ST - ZIP	PUNTA GORDA, FL 33955	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	BLOM, ROBERT	
STREET ADDRESS	1590 ISLAMORADA, #82A	
CITY - ST - ZIP	PUNTA GORDA, FL 33955	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	John Unison	
STREET ADDRESS	1600 Islamorada #73B	
CITY - ST - ZIP	Punta Gorda FL 33955	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Saskia Acken	
STREET ADDRESS	3345 Sugarloaf Key Road	
CITY - ST - ZIP	Punta Gorda FL 33955	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

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:

H. M. Parker, Pres.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

941-575-1826