

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 742924

FILED  
Apr 24, 2008  
Secretary of State

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

**Current Principal Place of Business:**

23081 HARBORVIEW ROAD, 2ND FLOOR  
PORT CHARLOTTE, FL 33980

**New Principal Place of Business:**

1532 RIO DE JANEIRO AVE  
PUNTA GORDA, FL 33980

**Current Mailing Address:**

P.O. BOX 380758  
MURDOCK, FL 33938

**New Mailing Address:**

**FEI Number:** 59-2014947

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

WISHARD, KRISTINE  
1532 RIO DE JANEIRO AVENUE  
PUNTA GORDA, FL 33983 US

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:

04/24/2008

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: SHELLY, KEN  
Address: 1 PIRATE'S LANE 14B  
City-St-Zip: PUNTA GORDA, FL 33955

Title: VPD ( ) Delete  
Name: VANDERSLICE, JOHN  
Address: 1 PIRATES LANE #12C  
City-St-Zip: PUNTA GORDA, FL 33955

Title: SD ( ) Delete  
Name: ACKEN, SASKIA  
Address: 1610 ISLAMORADA 64C  
City-St-Zip: PUNTA GORDA, FL 33955

Title: TD ( ) Delete  
Name: LOREDO, TOM  
Address: 3 PIRATE'S LANE 31A  
City-St-Zip: PUNTA GORDA, FL 33955

Title: D ( ) Delete  
Name: LEHMAN, LOU  
Address: 2 PIRATE'S LANE #22A  
City-St-Zip: PUNTA GORDA, FL 33955

Title: D ( ) Delete  
Name: UNISON, JOHN  
Address: 1600 ISLAMORADA #73B  
City-St-Zip: PUNTA GORDA, FL 33955

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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

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

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: KEN SHELLY

PD

04/24/2008

Electronic Signature of Signing Officer or Director

Date