

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 20, 2005 8:00 am**  
**Secretary of State**

04-20-2005 90308 023 \*\*\*\*61.25

**20038978**



<b>DOCUMENT # 743874</b> 1. Entity Name <b>COMMODORE CLUB OF MARCO, INC.</b>					
Principal Place of Business <b>991 COLLIER CT MARCO ISLAND, FL 34145</b>			Mailing Address <b>VOLHR CORP. 606 BALD EAGLE DRIVE #620 MARCO ISLAND, FL 34145</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number <b>59-1926879</b>	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip		Country		Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>GRAETZINGER, WILLIAM 991 COLLIER COURT SUITE B-104 MARCO ISLAND, FL 34154</b>			Name <b>Murphy, Michael</b> Street Address (P.O. Box Number is Not Acceptable) <b>991 Collier Court</b> <b>Unit 106A</b> City <b>Marco Island</b> FL Zip Code <b>34145</b>		
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 <u>Michael Murphy</u> <u>Michael D. Murphy</u> <u>4/15/05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25</b> <b>Due by May 17, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
Make check payable to <b>Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>GROETZINGER, WILLIAM</b> <b>991 COLLIER CT #B-104</b> <b>MARCO ISLAND, FL 34145</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Gentry, Charles</b> <b>991 Collier Ct. #B201</b> <b>Marco Island, FL 34145</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>LOTHER, LARRY</b> <b>991 COLLIER CT #B-202</b> <b>MARCO ISLAND, FL 34145</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>PEPIN, TOM</b> <b>991 COLLIER CT #105A</b> <b>MARCO ISLAND, FL 34145</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>JANSEN, PATRICIA</b> <b>991 COLLIER CT #B-104</b> <b>MARCO ISLAND, FL 34145</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>SHEEHAN, ROBERT</b> <b>991 COLLIER CT #B-104</b> <b>MARCO ISLAND, FL 34145</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>TOWNSEND, PAULA</b> <b>991 COLLIER CT #B-104</b> <b>MARCO ISLAND, FL 34145</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b>	
12. 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 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.					
<b>SIGNATURE: <u>Michael Murphy</u> <u>Michael Murphy</u> <u>4/15/05</u> <u>(239) 393-2292</u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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ATTACHMENT Page (21)

DOCUMENT # 743874

1. Entity Name  
COMMODORE CLUB OF MARCO, INC.



Principal Place of Business  
991 COLLIER CT  
MARCO ISLAND, FL 34145

Mailing Address  
VOLHR CORP.  
606 BALD EAGLE DRIVE #620  
MARCO ISLAND, FL 34145

20038978

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04122005

Chg-NP

CR2E037 (10/03)

City & State

City & State

4. FEI Number  
59-1926879

Applied For

Not Applicable

Zip

Country

Zip

Country

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

GRAETZINGER, WILLIAM  
991 COLLIER COURT  
SUITE B-104  
MARCO ISLAND, FL 34145

Name Murphy, Michael  
Street Address (P.O. Box Number Is Not Acceptable)  
991 Collier Court  
Unit 106A  
City Marco Island FL Zip Code 34145

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, 2005

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Delete
NAME	GRAETZINGER, WILLIAM	
STREET ADDRESS	991 COLLIER CT #B-104	
CITY-ST-ZIP	MARCO ISLAND, FL 34145	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LOTHER, LARRY	
STREET ADDRESS	991 COLLIER CT #B-202	
CITY-ST-ZIP	MARCO ISLAND, FL 34145	
TITLE	T	<input type="checkbox"/> Delete
NAME	PEPIN, TOM	
STREET ADDRESS	991 COLLIER CT #105A	
CITY-ST-ZIP	MARCO ISLAND, FL 34145	
TITLE	S	<input type="checkbox"/> Delete
NAME	JANSEN, PATRICIA	
STREET ADDRESS	991 COLLIER CT #B-104	
CITY-ST-ZIP	MARCO ISLAND, FL 34145	
TITLE	D	<input type="checkbox"/> Delete
NAME	SHEEHAN, ROBERT	
STREET ADDRESS	991 COLLIER CT #B-104	
CITY-ST-ZIP	MARCO ISLAND, FL 34145	
TITLE	D	<input type="checkbox"/> Delete
NAME	TOWNSEND, PAULA	
STREET ADDRESS	991 COLLIER CT #B-104	
CITY-ST-ZIP	MARCO ISLAND, FL 34145	

TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Murphy, Michael	
STREET ADDRESS	991 Collier Ct. # 106A	
CITY-ST-ZIP	Marco Island, FL 34145	
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		

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #