

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2008 8:00 am
Secretary of State

04-07-2008 90047 039 ****61.25

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**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04012008 Chg-NP CR2E037 (12/06)

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

**MURPHY, MICHAEL
991 COLLIER COURT
UNIT 106 A
MARCO ISLAND, FL 34154**

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, 2008**

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 ☒ Delete
NAME **D**
GENTRY, CHARLES
STREET ADDRESS **991 COLLIER COURT, B-201**
CITY-ST-ZIP **MARCO ISLAND, FL 34145**

TITLE ☐ Delete
NAME **P**
LOTHER, LARRY
STREET ADDRESS **991 COLLIER CT #B-202**
CITY-ST-ZIP **MARCO ISLAND, FL 34145**

TITLE ☐ Delete
NAME **T**
PEPIN, TOM
STREET ADDRESS **991 COLLIER CT #105A**
CITY-ST-ZIP **MARCO ISLAND, FL 34145**

TITLE ☒ Delete
NAME **S**
JANSEN, PATRICIA
STREET ADDRESS **991 COLLIER CT #B-104**
CITY-ST-ZIP **MARCO ISLAND, FL 34145**

TITLE ☐ Delete
NAME **D**
SHEEHAN, ROBERT
STREET ADDRESS **991 COLLIER CT #B-104**
CITY-ST-ZIP **MARCO ISLAND, FL 34145**

TITLE ☐ Delete
NAME **VP**
TOWNSEND, PAULA
STREET ADDRESS **991 COLLIER CT #B-104**
CITY-ST-ZIP **MARCO ISLAND, FL 34145**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☒ Addition
NAME **Director**
STREET ADDRESS **Murphy, Mike**
CITY-ST-ZIP **991 Collier Ct Unit 106 A
Marco Island, FL 34145**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME **VP**
STREET ADDRESS **Smith, Richard**
CITY-ST-ZIP **991 Collier Ct. Unit 207 A
Marco Island, FL 34145**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME **Secretary**
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Larry G. Locher **Larry G. Locher** 4/2/08 239/393-9195
*Over-