
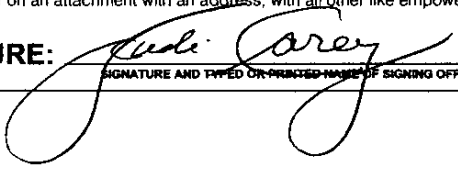


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90187 010 ****61.25

DOCUMENT # 747381					
1. Entity Name COMMODORE PLACE CONDOMINIUM, INC.					
Principal Place of Business 1902 HONOUR RD. ORLANDO, FL 32839-1505			Mailing Address 200 N. DENNING DRIVE SUITE # 2 WINTER PARK, FL 32789		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-2010269	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
J. CAREY PROPERTIES, INC. 200 N. DENNING DRIVE SUITE 2 WINTER PARK, FL 32789			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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	T	<input checked="" type="checkbox"/> Delete	TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DRUMMOND, DAN		NAME	Lucero, Bonnie	
STREET ADDRESS	540 MANDALAY ROAD		STREET ADDRESS	1926-1 Honour Road	
CITY-ST-ZIP	ORLANDO, FL		CITY-ST-ZIP	Orlando, FL 32839	
TITLE	S	<input type="checkbox"/> Delete	TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VAZQUEZ, JOSE		NAME	REid, Virginia	
STREET ADDRESS	4618 GREEN GLEN CT		STREET ADDRESS	1904-32 Honour Road	
CITY-ST-ZIP	ORLANDO, FL 328392066		CITY-ST-ZIP	Orlando, FL 32839	
TITLE	D	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COHEN, SYLVIA		NAME		
STREET ADDRESS	1916-1 HONOUR ROAD		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32839		CITY-ST-ZIP		
TITLE	V	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HILDRETH, LEONIE		NAME		
STREET ADDRESS	1902-8 HONOUR ROAD		STREET ADDRESS		
CITY-ST-ZIP	ORLANDO, FL 32839		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COOK, FRANCIS		NAME		
STREET ADDRESS	741 CITRUS COVE DR		STREET ADDRESS		
CITY-ST-ZIP	WINTER GARDEN, FL 34787		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, NEPHTALI		NAME	Martinez, Nephtali	
STREET ADDRESS	13229 LAKE LIVE OAK DR		STREET ADDRESS	13229 Lake Live Oak Dr	
CITY-ST-ZIP	ORLANDO, FL 32828		CITY-ST-ZIP	Orlando, FL 32828	
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: 		Judi Carey		4/27/06 407-644-3242	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	