

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 15, 2006 8:00 am**  
**Secretary of State**

02-15-2006 90032 027 \*\*\*\*61.25

**60015828**



01062006 Chg-NP CR2E037 (11/05)

4. FEI Number **59-2265175** Applied For ☐ Not Applicable

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

**DOCUMENT # 754163**

1. Entity Name  
**COMMODORE CONDOMINIUMS ASSOCIATION, INC.**



Principal Place of Business  
**1140 BAYSHORE DRIVE  
FT PIERCE, FL 34949**

Mailing Address  
**1140 BAYSHORE DRIVE  
FT PIERCE, FL 34949**

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

6. Name and Address of Current Registered Agent

**THOMAS J. BROY**  
**1225 CARLTON CT. APT. 105**  
**FT. PIERCE, FL 34949**

7. Name and Address of New Registered Agent

Name **PHYLLIS A. McALLISTER**

Street Address (P.O. Box Number is Not Acceptable)  
**1245 CARLTON CT. APT. 105**

City **FORT PIERCE** FL Zip Code **34949**

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. **PHYLLIS McALLISTER**

SIGNATURE *Phyllis McAllister* **PRES.** **1-30-06**  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

<b>Filing Fee is \$61.25 Due by May 1, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>Make check payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRAY, TOM 1225 CARLTON CT #105 FORT PIERCE, FL 34949	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MCALLISTER, SCOTTIE 1245 CARLTON CT # 105 FORT PIERCE, FL 34949	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RIECK, JOAN 1225 CARLTON CT #103 FT. PIERCE, FL 34949	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TUROFF, NANCY 1245 CARLTON CT # 101 FORT PIERCE, FL 34949	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRAY, TOM 1225 CARLTON CT. #105 FORT PIERCE FL 34949	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MCALLISTER, PHYLLIS A. 1245 CARLTON CT. # 105 FORT PIERCE FL 34949	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GERALD KISSMAN 1225 CARLTON CT. # 2106 FORT PIERCE FL 34949	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TUROFF, NANCY 1245 CARLTON CT. #103 FORT PIERCE FL 34949	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MAURICE MECUM 1245 CARLTON CT. # 104 FORT PIERCE FL 34949	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Phyllis A. McAllister* **PHYLLIS A. McALLISTER** **1-30-06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # **772-332-3484**