


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2007 8:00 am**  
**Secretary of State**

04-10-2007 90013 029 \*\*\*\*61.25

<b>DOCUMENT # 754163</b> 1. Entity Name <b>COMMODORE CONDOMINIUMS ASSOCIATION, INC.</b>					
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 - No P.O. Box #		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				7. Name and Address of New Registered Agent	
<b>MACALLISTER, PHYLLIS A</b> 1245 CALTON CT APT 105 FORT PIERCE, FL 34949  <i>McALLISTER</i>				Name _____ Street Address _____ City _____ State <b>FL</b> Zip _____	
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 _____ <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 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be</b> <b>Added to Fees</b>	
				<b>Make check payable to</b> <b>Florida Department of State</b>	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	NAME		TITLE	NAME	
STREET ADDRESS	STREET ADDRESS		STREET ADDRESS	STREET ADDRESS	
CITY-ST-ZIP	CITY-ST-ZIP		CITY-ST-ZIP	CITY-ST-ZIP	
TD	BRAY, TOM <input checked="" type="checkbox"/> Delete		D	NANCY TUROFF <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
PQ	MACALLISTER, PHYLLIS A <input type="checkbox"/> Delete		D	WILLIAM M. ARBAUGH <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
SD	KISSMAN, GERALD <input type="checkbox"/> Delete		P D T	PHYLLIS MCALLISTER <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TD	TUROFF, NANCY <input type="checkbox"/> Delete		D	MAURICE MECUM <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
STREET ADDRESS	1245 CARLTON CT # 105		STREET ADDRESS	1245 CARLTON CT. APT. 104	
CITY-ST-ZIP	FORT PIERCE, FL 34949		CITY-ST-ZIP	FT. PIERCE FL 34949	
CITY-ST-ZIP	FORT PIERCE, FL 34949		CITY-ST-ZIP	FT. PIERCE FL 34949	
CITY-ST-ZIP	FORT PIERCE, FL 34949		CITY-ST-ZIP	FT. PIERCE FL 34949	
CITY-ST-ZIP	FORT PIERCE, FL 34949		CITY-ST-ZIP	FT. PIERCE FL 34949	
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.					
<b>SIGNATURE:</b> <i>Phyllis McAllister</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			7-4-07 772-332-3484 <small>Date Daytime Phone #</small>		