## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 756217** 

FILED Jan 08, 2008 Secretary of State

Entity Name: THE COMMODORE CLUB CONDOMINIUM ASSOCIATION OF MELBOURNE, INC.

**Current Principal Place of Business: New Principal Place of Business:** CONDOMINIUM ASSOC., ROOM 1 INDIALANTIC, FL 32903 **Current Mailing Address: New Mailing Address:** 995 N A1A **OFFICE** INDIALANTIC, FL 32903 FEI Number: 59-2070682 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: COOK, DON 995 N A1A INDIALANTIC, FL 32903 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change ( ) Addition COOK, DON COOK, DON Name: Name: 995 N. A1A #505 Address: 995 N. A1A #505 Address: City-St-Zip: INDIALANTIC, FL 32903 City-St-Zip: INDIALANTIC, FL 32903 Title: Title: ( ) Delete () Change () Addition DRAKE, DAVID Name: Name: Address: 995 N A1A #401 Address: City-St-Zip: INDIALANTIC, FL 32903 City-St-Zip: Title: () Delete Title: (X) Change ( ) Addition CLAREY, BRADFORD IHNEN, SANDRA Name: Name: Address: 995 N A1A #108 Address: 995 N A1A #108 City-St-Zip: INDIALANTIC, FL 32903 US City-St-Zip: INDIALANTIC, FL 32903 US Title: VΡ ( ) Delete Title: (X) Change ( ) Addition Μ Name: HINES, SUZANNE Name: HINES, SUZANNE Address: 995 N A1A #308 Address: 995 N A1A #308 City-St-Zip: INDIALANTIC, FL 32903 City-St-Zip: INDIALANTIC, FL 32903 Title: () Delete Title: (X) Change ( ) Addition WEBB, J ROBERT WEBB, J ROBERT Name: Name: 995 N A1A #405 995 N A1A #405 Address: Address: City-St-Zip: INDIALANTIC, FL 32903 City-St-Zip: INDIALANTIC, FL 32903 Title: () Delete Title: () Change () Addition MUTTERER, BUD Name: Name: Address: 995 N A1A #503 Address: INDIALANTIC, FL 32903 US City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: J. ROBERT WEBB VP 01/08/2008