

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 756581

FILED  
Jan 09, 2007  
Secretary of State

**Entity Name:** COMMODORE BEACH CLUB CONDOMINIUM ASSOCIATION, INC.

**Current Principal Place of Business:**

13536 GULF BLVD  
MADEIRA BCH, FL 33708

**New Principal Place of Business:**

**Current Mailing Address:**

13536 GULF BLVD  
MADEIRA BCH, FL 33708

**New Mailing Address:**

**FEI Number:** 59-2202188

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

KERSTEEN, ROBERT  
2821 61ST LN NO  
ST PETERSBURG, FL 33565 US

**Name and Address of New Registered Agent:**

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:**

Title: BMDS ( ) Delete  
Name: FAULKNER, BETH  
Address: 8280 ROBIN RD.  
City-St-Zip: LARGO, FL 34647

Title: BMDP ( ) Delete  
Name: KERSTEEN, ROBERT,  
Address: 2821 615 LANE NORTH  
City-St-Zip: SAINT PETERSBURG, FL 33710

Title: D ( ) Delete  
Name: MAAS, JOE  
Address: 6450 SHORELINE DR UNIT 904  
City-St-Zip: SAINT PETERSBURG, FL 33708

Title: BMD ( ) Delete  
Name: CONTO, JOHN  
Address: 1420 SOUTH HILLCREST AVENUE  
City-St-Zip: CLEARWATER, FL 33756

Title: T ( ) Delete  
Name: HAINISCH, RICHARD  
Address: 8520 GARDENIA DR  
City-St-Zip: SEMINOLE, FL 33777

Title: AS ( ) Delete  
Name: ADAMS, THOMAS D  
Address: 3804 GULF BLVD  
City-St-Zip: SAINT PETERSBURG, FL 33706

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: BMDS (X) Change ( ) Addition  
Name: PANKOW, BETH  
Address: 8280 ROBIN RD.  
City-St-Zip: LARGO, FL 34647

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: BMD (X) Change ( ) Addition  
Name: GRAY, LESLIE  
Address: 1308 55TH ST S  
City-St-Zip: GULFPORT, FL 33707

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: THOMAS D. ADAMS

AS

01/09/2007

Electronic Signature of Signing Officer or Director

Date