

2005 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # 768458

1. Entity Name
COMMODORE'S LANDING OWNER'S ASSOCIATION,
INC.



Principal Place of Business
330 BLUEFISH DR
OFFICE
FT. WALTON BEACH, FL 32548 US

Mailing Address
330 BLUEFISH DR
OFFICE
FT. WALTON BEACH, FL 32548 US

FILED

05 APR 28 PM 12: 07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04042005 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-2290495

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCINNIS, JEFFREY C
ANCHORS, FOSTER, MCINNIS, & KEEFE, P.A.
909 MAR WALT DRIVE, SUITE 1014
FORT WALTON BEACH, FL 32547

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

Amended AR is \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$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 * VD ☐ Delete
NAME LOHF, ROBERTA
STREET ADDRESS 819 LINDA DR
CITY-ST-ZIP MARY ESTHER, FL 32569

TITLE * ☐ Change ☐ Addition
NAME 100054237841
STREET ADDRESS 05/10/05--01108--018 **\$61.25
CITY-ST-ZIP

TITLE * PD ☐ Delete
NAME JEFFERY BEAN
STREET ADDRESS 330 BLUEFISH DR., #211
CITY-ST-ZIP FT. WALTON BEACH, FL 32548

TITLE * PD ☐ Change ☒ Addition
NAME JEFFERY BEAN
STREET ADDRESS 330 BLUEFISH DR., #211
CITY-ST-ZIP FT. WALTON BEACH, FL 32548

TITLE * ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE * SD ☐ Change ☒ Addition
NAME KEVIN CARVALHO
STREET ADDRESS 330 BLUEFISH DR., #112
CITY-ST-ZIP FT. WALTON BEACH, FL 32548

TITLE * TD ☒ Delete
NAME EUNICE HODGES
STREET ADDRESS 1408 SUNSET DR.
CITY-ST-ZIP SIGNAL MOUNTAIN, TN 37377

TITLE * TD ☐ Change ☒ Addition
NAME JOEL KENNIS
STREET ADDRESS 900 GULF SHORE DR., #4-5
CITY-ST-ZIP DESTIN, FL 32541

TITLE * ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE * ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE * ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE * ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 filers empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

18 APR 05 850243 4588