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May 07 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **L46822** (7)
1. Corporation Name
COMMODORE MANAGEMENT, INC. OF ALACHUA COUNTY



Principal Place of Business
**1206 N.W. 22ND AVENUE
GAINESVILLE FL 32609
US**

Mailing Address
**1206 N.W. 22ND AVENUE
GAINESVILLE FL 32609-3475
US**

3. Date Incorporated or Qualified
02/01/1990

3a. Date of Last Report
06/13/1996

4. FEI Number
59-2992072

Applied For
☐ Not Applicable

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

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
25 Suite, Apt. #, etc.
26 City & State
27 Zip
28 Country

9. Name and Address of Current Registered Agent

**HAGOPIAN, NANCY
13903 MILL HOPPER ROAD (NW 69 AVE)
GAINESVILLE FL 32653**

10. Name and Address of New Registered Agent

81 Name **Same**

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE
Signature: typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	V <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, MICHAEL J	1.2 NAME	
STREET ADDRESS	13903 NW 69 AVENUE	1.3 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE FL 32653	1.4 CITY - ST - ZIP	
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, PAMELA	2.2 NAME	
STREET ADDRESS	13903 NW 69TH AVENUE	2.3 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE FL 32653	2.4 CITY - ST - ZIP	
TITLE	P <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAGOPIAN, NANCY	3.2 NAME	
STREET ADDRESS	13903 NW 69TH AVENUE	3.3 STREET ADDRESS	
CITY - ST - ZIP	GAINESVILLE FL 32653	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 annual report or supplemental annual 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 person or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Nancy Hagopian
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/97
Date

*352-577-5621
1-352-332-6764*
Daytime Phone #

CR2E034 (9/96)