

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

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Jun 14, 2004 08:00 AM
Secretary of State

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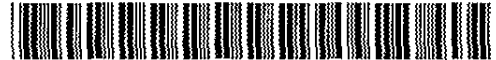
1. Entity Name
**COMMODORE COMMONS OF WAKULLA COUNTY
PROPERTY OWNER'S ASSOCIATION, INC.**



Principal Place of Business
**2931-B CRAWFORDVILLE HWY
CRAWFORDVILLE, FL 32327**

Mailing Address
**P.O. DRAWER 1600
CRAWFORDVILLE, FL 32326**

DO NOT WRITE IN THIS SPACE



02272004 No Chg-NP CR2E037 (10/03)

4. FEI Number
NOT APPLICABLE

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ROUTA, ROBERT A
2931-B CRAWFORDVILLE HWY
CRAWFORDVILLE, FL 32327**

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IN THIS SPACE**

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 reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
LAWHON, OLETA T
PO BOX 248
SOPCHOPPY, FL 32358**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**VD
TAFF, HOUSTON E
854 ARRAN RD.
CRAWFORDVILLE, FL 32327**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**TSD
TAFF, STEVEN G
3815 LONGFORD DR.
TALLAHASSEE, FL 32308**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000162514
06/14/04-80001-017 61.25

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IN THIS SPACE**

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 like empowered.

SIGNATURE:

Oleta T. Lawhon
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-10-04

Date

Daytime Phone #