

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000008203

FILED
Apr 04, 2006
Secretary of State

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

Current Principal Place of Business:

2931-B CRAWFORDVILLE HWY
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

Current Mailing Address:

P.O. DRAWER 1600
CRAWFORDVILLE, FL 32326

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROUTA, ROBERT A
2931-B CRAWFORDVILLE HWY
CRAWFORDVILLE, FL 32327 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: PD () Delete
Name: LAWHON, OLETA T
Address: PO BOX 248
City-St-Zip: SOPCHOPPY, FL 32358

Title: VD () Delete
Name: TAFF, HOUSTON E
Address: 854 ARRAN RD.
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: TSD () Delete
Name: TAFF, STEVEN G
Address: 3815 LONGFORD DR.
City-St-Zip: TALLAHASSEE, FL 32308

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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: OLETA T LAWHON

PD

04/04/2006

Electronic Signature of Signing Officer or Director

Date