

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 22, 2008 8:00 am
Secretary of State

01-22-2008 90048 049 ****61.25

DOCUMENT # N04015

1. Entity Name
COMMODORE'S RETREAT OWNERS' ASSOCIATION,
INC.



Principal Place of Business

561 EASTERN LAKE RD
SANTA ROSA BEACH, FL 32459 US

Mailing Address

PO BOX 2274
SANTA ROSA BEACH, FL 32459



01142008 No Chg-NP

CR2E037 (4/06)

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4. FEI Number
59-2603378

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FARRISH, AUDREY
803 CHURCHILL BAYOR RD
SANTA ROSA BCH, FL 32459

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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, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	VD
NAME	PATTERSON, CRAIG
STREET ADDRESS	15410 WALKSHIRE COURT
CITY-ST-ZIP	HOUSTON, TX 77069
TITLE	TD
NAME	MURASSO, ALPHONSE
STREET ADDRESS	414 WEST 22ND ST APT 12
CITY-ST-ZIP	NEW YORK, NY 10011
TITLE	PD VD
NAME	ROUSSELL, TOM
STREET ADDRESS	50 GRANGE CT
CITY-ST-ZIP	SHARPSBURG, GA 30277
TITLE	SD
NAME	CULPEPPER, CORA
STREET ADDRESS	801 COOPER AVE
CITY-ST-ZIP	COLUMBUS, GA 31906
TITLE	PD
NAME	MARY SCHMITT
STREET ADDRESS	1721 WOODGROVE COURT
CITY-ST-ZIP	WILDCWOOD, MO 63038

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALPHONSE T. MURASSO
TREASURER

Date

Daytime Phone #

1/15/08

(917) 796 2573