


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2007 8:00 am
Secretary of State

03-02-2007 90022 035 ****61.25

DOCUMENT # N04180					
1. Entity Name THE COMMODORE CONDOMINIUM ASSOCIATION OF BREVARD, INC.					
Principal Place of Business 1700 COMMODORE BLVD. COCOA BEACH FL 32931			Mailing Address 1700 COMMODORE BLVD. COCOA BEACH FL 32931		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-2651543	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PRANGINBERG, HANS 1700 COMMODORE BLVD #1503 COCOA BEACH FL 32931			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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 NAME STREET ADDRESS CITY-ST-ZIP	TD LEWIS, ERNEST 1750 COMMODORE BLVD. #350 COCOA BEACH FL 32931	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHUPRINSKAS, ED 1700 COMMODORE BLVD. #1403 COCOA BEACH FL 32931	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P EGENDOERFER, PHYLLIS 1700 Commodore Blvd. #1502 Cocoa Beach, FL 32931	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PRANGENBERG, HANS 1700 COMMODORE #1503 COCOA BEACH FL 32931	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OLMSTEAD, RICHARD 1750 Commodore Blvd. #2303 Cocoa Beach, FL 32931	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MILLER, JOANN 1700 COMMODORE #1202 COCOA BEACH FL 32931	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DICKSON, THOMAS 1750 Commodore Blvd. #2101 Cocoa Beach, FL 32931	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD EGENGDOERFER, PHYLLIS 1700 COMMODORE BLVD. COCOA BEACH FL 32931	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MILLER, JOANN 1700 Commodore Blvd. #1202 Cocoa Beach, FL 32931	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	



1st MOORE CR2E037 (10/06)

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: ERNEST LEWIS 2-16-07 (321) 868-4784
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #