




2006 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # N05000002271 1. Entity Name THE COMMODORE/ANCHORAGE AT JUPITER YACHT CLUB CONDOMINIUM ASSOCIATION, INC.						FILED 06 JUL 18 PM 12:50 SECRETARY OF STATE TALLAHASSEE, FLORIDA 	
Principal Place of Business 700 SOUTH U.S. HIGHWAY ONE - ROOM 100 JUPITER, FL 33477				Mailing Address 700 SOUTH U.S. HIGHWAY ONE - ROOM 100 JUPITER, FL 33477			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent				4. FEI Number 20-3113211			
BECKER & POLIAKOFF, P.A. ATTN: PETER C. MOLLENGARDEN, ESQ. 625 N FLAGLER DR., 7TH FLOOR WEST PALM BEACH, FL 33401				Applied For			
				Not Applicable			
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
				7. Name and Address of New Registered Agent			
Name				Name			
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)			
City				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 reinstating) DATE _____							
Amended AR is \$61.25				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	PD SMITH, ROBERT 11631 NEW GARDENS AVE PALM BEACH GARDENS, FL 33410	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALTER A. COLLYMORE 600 SOUTH US 1 #207 JUPITER, FL 33477		
		<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KOWALIK, ROSANI 11631 KEW GARDENS AVENUE PALM BEACH GARDENS, FL 33410	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD SUSAN SPENCER 700 SOUTH US 1 # 502 JUPITER, FL 33477		
		<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TIEBOUT-TOURON, MARCIENNE 24301 WALDEN CENTER DR. BONITA SPRINGS, FL 34134	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD ALAN DORFMAN 600 SOUTH US 1 # 209 JUPITER, FL 33477		
		<input checked="" type="checkbox"/> Delete		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S KEITH, SYLVIA 2020 CLUB HOUSE DR. SUN CITY CENTER, FL 33573	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	300078232373 08/01/06--01050--007 **61.25		
		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				TITLE NAME STREET ADDRESS CITY-ST-ZIP			
		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u>Alan Dorfman</u> ALAN DORFMAN 7-13-06 561-746-0680 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #							