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Feb 10, 1999 8:00am  
Secretary of State

02-10-1999 90017 019 \*\*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N05993**

1. Corporation Name

**THE COMMODORE OWNERS ASSOCIATION, INC.**

Principal Place of Business

**4715 THOMAS DRIVE  
PANAMA CITY BEACH FL 32408  
US**

Mailing Address

**4715 THOMAS DRIVE  
PANAMA CITY BEACH FL 32408  
US**



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

**11/02/1984**

4. FEI Number

**59-2502838**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution ☐

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

9. Name and Address of Current Registered Agent

**HESS, BRIAN D.  
9108 FRONT BEACH RD.  
PANAMA CITY FL 32408**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **TERBOT, BILL**  
STREET ADDRESS **4715 THOMAS DR., #1210**  
CITY-ST-ZIP **PANAMA CITY BEACH FL**

TITLE **VP** ☐ DELETE

NAME **HURLEY, GENE**  
STREET ADDRESS **4715 THOMAS DR., #1101**  
CITY-ST-ZIP **PANAMA CITY BEACH FL**

TITLE **D** ☐ DELETE

NAME **HONEY, MARGARET**  
STREET ADDRESS **4715 THOMAS DR., #109**  
CITY-ST-ZIP **PANAMA CITY BEACH FL 32408**

TITLE **D** ☐ DELETE

NAME **EVERETT, KENNETH**  
STREET ADDRESS **554 OPPERT ROAD**  
CITY-ST-ZIP **DOTHAN AL**

TITLE **D** ☐ DELETE

NAME **CHERRY, DON**  
STREET ADDRESS **6323 THOMAS DRIVE #503**  
CITY-ST-ZIP **PANAMA CITY BEACH FL**

TITLE **D** ☐ DELETE

NAME **DAVIS, RON**  
STREET ADDRESS **4715 THOMAS DR., #401**  
CITY-ST-ZIP **PANAMA CITY BEACH FL 32408**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **11/02/1984** ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS **59-2502838**

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 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

**1/14/99** **850**  
**234-1795**

CR2E037 (11/98)