

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2004 8:00 am
Secretary of State

02-27-2004 90012 011 ****61.25

DOCUMENT # N05993

1. Entity 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

04012437



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02252004 Chg-NP CR2E037 (10/03)

City & State

City & State

4. FEI Number
59-2502838

Applied For
Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SMITH, CAROL D
409 BETH STREET
PANAMA CITY BEACH, FL 32407

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

Carol D. Smith

CAROL D. SMITH FEB: 26, 2004

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, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE P ☐ Delete
NAME SMITH, CAROL D
STREET ADDRESS 409 BETH ST.
CITY-ST-ZIP PANAMA CITY BEACH, FL 32407

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T ☒ Delete
NAME HONEY, MARGARET
STREET ADDRESS 4715 THOMAS DR, #109
CITY-ST-ZIP PANAMA CITY BEACH, FL 32408

TITLE ☒ Change ☐ Addition
NAME ROGER MARTIN
STREET ADDRESS 105 ROLLINGWOOD CIRCLE
CITY-ST-ZIP ROME; GA 30165 TREASURER

TITLE D ☐ Delete
NAME NICHOLS, ED
STREET ADDRESS 4715 THOMAS DR. #905
CITY-ST-ZIP PANAMA CITY, FL 32408

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME ADAMS, BILL
STREET ADDRESS 4715 THOMAS DR #608
CITY-ST-ZIP PANAMA CITY BEACH, FL 32408

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME DAVIS, RON
STREET ADDRESS 4715 THOMAS DR, #401
CITY-ST-ZIP PANAMA CITY BEACH, FL 32408

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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

Bill Terbot
BILL TERBOT PRESIDENT FEB: 26 2004

Date

Daytime Phone #