2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED Apr 28, 2006 8:00 am Secretary of State

DOCUMENT # N05993 1. Entity Name THE COMMODORE OWNERS ASSOCIATION, INC.						04-28-2006	90211 01	6 ****61	.25
Principal Place of Business 4715 THOMAS DRIVE PANAMA CITY BEACH, FL 32408 US Address 4715 THOMAS DRIVE PANAMA CITY BEACH, FL 32408 US			32408 US			.•			
2. Principal P	lace of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.		-	01032006	Chg-NP	CR2E0	37 (11/05)	
City & State		City & State			4. FEI Number 59-25028	338		————	oplied For ot Applicable
Zip	Country	Zip	Country		5. Certificate of	Status Desired		\$8.75 Add Fee Require	
6. Name and Address of Current Registered Agent			NI	7. Name and Address of New Registered Agent					
SMITH, CAROL D			Name					. <u>.</u>	
409 BETH STREET PANAMA CITY BEACH, FL 32407			Street A	ddress (F	P.O. Box Number	is Not Acceptabl	ile)		
			City				FL	Zip Cod	е
	named entity submits this statement for ions of registered agent.	the purpose of changing its re	gistered office or	r register	ed agent, or both,	in the State of F		-	and accept
tilo obligat	ions or rogiotored again.								
SIGNATURE .									
	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Re	legistered Agent signat	ure required	when reinstating)		DATE		
	Signature, speed or printed name of registered agent a Filling Fee is \$61.25 Due by May 1, 2006	9. Election Campa Trust Fund Cor	aign Financing		\$5.00 May Be Added to Fees	ſ	Make chec	k payable t	
10.	Filing Fee is \$61.25	9. Election Campa Trust Fund Cor	aign Financing		\$5.00 May Be	Flo	Make chec orida Depa	rtment of S	tate
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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:

STORIATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR