

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 06, 2008 8:00 am**  
**Secretary of State**

03-06-2008 90044 038 \*\*\*\*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**

4000000-



2. Principal Place of Business - No P.O. Box #  
Suite, Apt. #, etc.

3. Mailing Address  
Suite, Apt. #, etc.

01082008 Chg-NP CR2E037 (12/06)

City & State  
Zip Country

4. FEI Number  
**59-2502838**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

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

**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

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, 2008**

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**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
T	TERBOT, BILL	4715 THOMAS DR., #1210	PANAMA CITY BEACH, FL	<input type="checkbox"/>
V	ADAMS, BILL	4715 THOMAS DR. #608	PANAMA CITY, FL 32408	<input type="checkbox"/>
P	MARTIN, ROGER	105 ROLLINGWOOD CIRCLE	ROME, GA 30165	<input type="checkbox"/>
D	HONEY, MARGARET	4715 THOMAS DR., STE 109	PANAMA CITY, FL 32408	<input checked="" type="checkbox"/>
D	DAVIS, RON	4715 THOMAS DR, STE 401	PANAMA CITY, FL 32408	<input type="checkbox"/>
D	O'CONNELL, WILLIAM	4008 TRITT HOMESTEAD	MARIETTA, GA 30062	<input checked="" type="checkbox"/>

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
D	Terbot, Bill	4715 Thomas Dr. 1210	PCB, FL 32408	<input checked="" type="checkbox"/>
V/T	Adams, Bill	4715 Thomas Dr	PCB, FL 32408	<input checked="" type="checkbox"/>
D	Davis, Leland	4715 Thomas Dr. 1007	PCB, FL 32408	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D	Kirkland, Jerry	85 Mink Hollow Dr.	Carrollton, GA 30166	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D	Neseth, Linda	4715 Thomas Dr. 803	PCB, FL 32408	<input type="checkbox"/> Change <input checked="" 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:**

*Ray S. Waller Secretary*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/5/08 850-234-8699  
Date Daytime Phone #