

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 23, 2003 8:00 am
Secretary of State

04-28-2003 91473 034 ****61.25

DOCUMENT # N05993

1. Entity Name

THE COMMODORE OWNERS ASSOCIATION, INC.



Principal Place of Business

Mailing Address

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

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

55043396

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2502838**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**SLOAN, TIMOTHY J
427 MCKENZIE AVE
PANAMA CITY FL 32402**

7. Name and Address of New Registered Agent

Name **Carol D. Smith**

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

409 Beth Street

City **Panama City Bch** FL **32407**

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

5-15-03

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

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

TITLE **D** ☒ Delete
NAME **MASSEY, MARY ANN**
STREET ADDRESS **4715 THOMAS DR., #1004**
CITY-ST-ZIP **PANAMA CITY FL 32408**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE **President** ☒ Change ☐ Addition
NAME **Carol D. Smith**
STREET ADDRESS **409 Beth St**
CITY-ST-ZIP **P.C.B FL 32407**

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

TITLE **D** ☒ Change ☐ Addition
NAME **Ed Nichols**
STREET ADDRESS **4715 Thomas Dr # 905**
CITY-ST-ZIP **P.C.B FL 32408**

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

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: *Carol D. Smith*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/03

Date

850-235-1486

Daytime Phone #

CR2E037 (10/02)